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The Canadian Practitioner and Review

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Original Communication

POST-GRADUATE TEACHING IN LONDON

By Charles A. Clouting, M.D.

Of course, it is the merest truism to state that there has been no medical post-graduate teaching worthy of the name in London. It also goes without saying that the facilities for such teaching are enormous. It is the largest city of the world, and almost the largest port. It has a very considerable cosmopolitan population, and because it is the hub of the British Empire, and because of its world-wide trade there come into it natives of most countries, and perhaps especially those of Asia. There are few diseases known of which some cases are not occasionally seen in London, while practically all the tropical diseases are represented there. Its hospital for tropical diseases and medical school attached thereto is one of the best in the world. In a word, its clinical material is abundant, and its general and special hospitals are many, probably, on the whole, unmatched. And lastly, not only has London a wealth of clinical material and numerous fine hospitals and good medical schools, but it possesses a splendid staff of teachers and a small army of men well qualified to teach. However, it is needless and superfluous to dilate upon the potentialities of London as a medical centre. These are obvious, and he who runs may read. Why, then, with all its advantages, has London never become a European centre for medical post-graduate teaching? The answer is that the medical profession of the British Metropolis has not been sufficiently enterprising and the aggressive Germans have been allowed to make the medical students and practitioners of the world believe that there were no medical teachers save the Germans, and no hospitals or medical schools like those of Berlin and Vienna. It is true that they afforded facilities both from the teaching and social points of view, which were lacking in London, and that it was mainly due to the lethargy of the

medical men of the British metropolis that it did not take its rightful place in the medical world.

During the war steps were taken by two bodies to make of London a medical centre, especially for post-graduate training. These bodies were the Fellowship of Medicine, and the Post-Graduate Medical Association. The Fellowship of Medicine will be well known to Canadian Army Medical men who visited or stayed in London during the war. The Fellowship of Medicine, under the stimulus of such active organizers as Sir Arbuthnot Lane, Sir St. Clair Thompson, Mr. Herbert Paterson, and perhaps, especially, Mr. Philip Franklin, a surgeon of American birth, residing in London, organized emergency post-graduate courses and lectures, which proved a conspicuous success. The fact that more than 400 surgeons of the United States and Canada derived great instruction and benefit from these lectures and courses is proof conclusive that only organizing ability and tact are required to co-ordinate the varied teaching interests of London. The scheme has now entered upon its final stage. The Fellowship of Medicine, and the Post-Graduate Association have now amalgamated under the title of "The Fellowship of Medicine and the Post-Graduate Medical Association." At a largely attended meeting of the combined councils of the two bodies at the building of the Royal Society of Medicine, October 24th, it was resolved that the work of the Fellowship and Association be continued for the present on the line of the emergency post-graduate course, and that a detailed scheme be prepared for a permanent course. Among the members of the executive committee appointed are the following, who are known in Toronto and Eastern Canada: Sir William Osler, Bart., Sir Arbuthnot Lane, Bart., Sir St. Clair Thompson, Dr. Squire Sprigge, editor of the *Lancet*, and son-in-law of the late Sir Charles Moss, of Toronto. The officers and committees of the former post-graduate association have transferred their headquarters to those of the Fellowship of Medicine, which by the permission of the Royal Society of Medicine, are to be continued at its building, 4 Wimpole St. W. The existing officers of the Fellowship have been asked to keep in office until the executive committee is able to report upon the future programme of work. The officers are: President, Sir William Osler; Chairman of Executive Committee, Sir Humphrey Rolleston; Treasurer, Sir Arbuthnot Lane, and Honorary Secretaries, Sir J. T. W. MacAlister, Mr. Philip Franklin, and Mr. Herbert J. Paterson. It may be added that the permanent medical post-graduate course is now being organized,

full particulars of which will be given shortly. There is more than one reason why London should be the European medical centre. An important reason is that of language, and an even more important one is that by commingling and fraternizing of Canadian medical men, and medical men from the United States with those of Great Britain, the feelings of friendship created and intensified by the war and the bonds of union will be strengthened. The formation and establishment of a Ministry of Health in Great Britain opens a new era in the sphere of public health, public and domestic hygiene and sanitation, and of medicine. Undoubtedly, great changes are impending, and while a state medical service is not yet in existence, and may not be for some time, all signs point that way. In any event, it seems assured that in the future in England the practice of medicine will be largely preventive. The change may come gradually, but seems certain to come. The Minister of Health, Dr. Christopher Addison, is an extraordinarily alert, energetic man, and, what is more practical, a politician of many years' training. His medical advisers are for the most part well known in the profession and his chief medical adviser, Sir George Newman, is a capable organizer, and is endowed in a high degree with the gift of expressing himself in language concise and logical. Recently at the request of the Minister of Health, he has issued a memorandum on Preventive Medicine, which is not only a masterly summary of the Health situation in England and Wales, but it also shows which way the wind is blowing so far as medical practice, guided by the Ministry of Health, is concerned. Among other matters he points out that there is, all over Great Britain, inadequate treatment of the sick and incapacitated, in quantity and quality. The treatment provided for the majority of the sick is insufficient and inadequate, and does not represent the best in present medical knowledge. Whole groups of disease are neglected, so far as prevention is concerned, for prevention has been too exclusively concerned with certain infectious diseases, and much disease is allowed to go by default, untended and untreated. The provision of facilities for residential hospital treatment of patients requiring it, with the exception of the insane and infectious, falls far short of what is necessary. The following is the indictment set forth by Sir George Newman: 1. There is a steadily falling birthrate, which in 1917 reached a figure 17.8, gravely affecting the source of the nation. 2. There is a death-rate of 13.5, which shows a steady decline at all ages, and there is an increased expectation of life from birth upwards; never-

theless, nearly half the deaths occur under fifty years of age. 3. Although the infant mortality rate, ninety-six per thousand, is one of the lowest recorded, there is still unnecessary loss of life in infancy and before birth. 4. There is a relatively light burden of epidemic and infectious disease, which, with certain exceptions, is steadily decreasing in incidence and mortality, an indication of the victory of preventive medicine over some infectious diseases. 5. Tuberculosis, measles, acute rheumatism, and influenza, are, however, still prevalent, and, with venereal disease, lead to much disablement and mortality. 6. There has been in recent years remarkable and continuous improvement in sanitary environment, though the problem of insufficient and unsuitable house accommodation remains. With regard to reform, the need for closer integration between preventive and curative medicine is emphasized. Sir George thinks that considerable improvement in medical education is called for. The basal sciences of medicine must be studied more deeply and clinical training must be more thorough. Especially must the mind of the student be directed to the beginnings of disease, its earliest signs and symptoms, notably those symptoms which are subjective, as no laboratory, experimental or mechanical device can serve as a substitute to this knowledge to which they are ancillary and auxiliary. Moreover, the practice of preventive medicine in all forms of clinical work must be insisted upon, since prevention is not only concerned with the mass, but also with the individual. While, perhaps, Sir George Newman is too much inclined to harp on one string, that of preventive medicine, his memorandum in the main is a powerful and true indictment of many phases of medical practice. Sir James Mackenzie, in the recent book, "The Future of Medicine," criticizes even more severely many of the methods of modern medical practice. Sir George Makins, President of the Royal College of Surgeons of England, in an address given at Manchester, on October 29th, at the opening meeting of the medical society, said in part that the medical student of the day found himself burdened with a task well nigh impossible, and worried with the frequency and multiform character of examinations, and was less broadly acquainted with the general principles of medicine than he was after passing through a much simpler course. He suggested that a remedy for some of the evils of the existing system might be found by regrouping the subjects of study, and returning in some degree to the simpler course laid out for students in early days. Dr. Squire Sprigge, in an address he gave at the commencement of the winter session of

St. George's Hospital, pointed out that the character of medical practice, to a large extent, was changing in Great Britain, and, of course, a change in the form of practice would be accompanied by a change in the medical curriculum. All who have studied the matter appear convinced that the medical student's curriculum in England at the present time is overcrowded, and that it would be better for all concerned if the course was simplified.

London, Nov. 6th, 1919.

Editorials

VACCINATION

Probably very few, if any, physicians in Ontario have any doubt regarding the value of vaccination as an operation, which, if successful, will prevent smallpox.

We desire to call attention to the fact that the methods of performance, as recommended by the head authorities at Washington, as well as heads of the Connaught Laboratories, are greatly superior to methods formerly used. Heretofore, two methods have been generally adopted. In one, called abrasion, the cuticle is scraped until a little serum appears, when the vaccine is applied. This prolonged scratching is somewhat painful and very unpleasant. In the other, which is known as Condie's method, linear incisions are made from one-half a line to a line (1/20 to 1/10 inch) in length, and these are crossed by other incisions at right angles to the first, one of the advantages claimed being "the many lines of absorbing surface obtained."

A better method described by Drs. Fitzgerald and Defries is as follows: The preparation is the same as that recommended in former methods, namely, cleanse the site of vaccination with soap, followed by alcohol. Treat the tubes as represented on every box given out, then, if you want two marks, squeeze out two drops about an inch apart. Then scratch the cuticle with the needle through each drop of lymph. One simple scratch 1-8 to 1-4 in. in length, without drawing blood, is sufficient, and a separate

needle is given with each tube. The method is simple and efficient; the result being quite as satisfactory as that of Condie, with its twelve to sixteen linear incisions, and is generally, if not always, painless. The writer has had no failures in first, and only a few in second, vaccinations. He has vaccinated as many as five children with the contents of one tube, two spots on each arm, with perfect results in the ten spots. The writer also wishes to add that he has not followed out one of the directions given by Dr. Fitzgerald, that is, he does not "rub the vaccine gently but thoroughly into the scratch with the side of the needle."

The best time for vaccination is early infancy, before the end of the third month. In an epidemic, such as that now existing in Ontario, the babe should be vaccinated in the first month, and if there is any suspicion of exposure, it should be done immediately after birth. It is generally believed in Great Britain that the operation immediately after birth has saved many a life, and a delay of even one day may result in the sacrifice of a life.

SMALLPOX

Smallpox is the most loathsome disease the world has ever known. Before vaccination it caused one-tenth of all the deaths among the human race. The success of vaccination after its discovery by Jenner, in or about 1778, was so wonderful that the world was as much dazed as delighted. The mortality became nil in many places, and the death rate was reduced from millions to hundreds or less in other

localities. Some think that improved sanitation will stamp out smallpox. The ablest authorities in hygiene in England say "No."

The quality of the calf lymph furnished to us from the Connaught Laboratories, if not the best and purest, is equal to the best in the world, and, in the opinion of a great majority of the physicians of Ontario, its use is devoid of danger. The stories told as to sickness from vaccination are so grotesque and so absolutely untrue as to be ludicrous if they were not extremely serious. We do not believe that of our 200,000 (perhaps 300,000) vaccinated in Toronto, more than twenty persons have been confined to bed for two weeks as the result of vaccination, *i.e.*, from vaccine disease. In 2,000 cases under the care of four physicians, including myself, there has not been one. There have been many sore arms, perhaps one in ten sufficiently bad to make them very miserable for a few days. We understand that a few of those vaccinated have had some form of "every-day" influenza, or common cold, affecting the breathing or the digestion, but not with fatal results as far as we know, and we feel certain that in no case was the intercurrent illness due to the vaccine disease.

Do our citizens understand that the disease leaves on a large proportion of the survivors "the hideous traces of its power"? The writer remembers something about the epidemic which occurred in his student days in 1872. For several months it was called mild, and many people refused vaccination. At a certain time it grew worse, and many deaths occurred. There is again a dreadful danger threatening us in Toronto and other parts of Ontario. The peril connected therewith appears to be more press-

ing to-day (December 16th), than it was a week ago, because of the report of District Officer, Dr. Maloney, regarding malignant smallpox in Winchester Township, near Cornwall.

Dr. Amyot tells us this epidemic can be stopped in one way only—by general vaccination. We have no doubt he is right. One epidemic of smallpox in England commenced in September, 1862, and lasted more than three years. The prospects now indicate that this epidemic will last quite as long, unless stopped by adequate vaccination.

We might learn something from Gloucester, England. Vaccination had been neglected there for some years, and an epidemic commenced in the closing weeks of 1895. For three months the "conscientious objectors" were able to prevent the enforcement of vaccination. Then the authorities took action, and ordered compulsory vaccination. But you cannot vaccinate a whole community in a day, and it was nearly four months before the disease disappeared from Gloucester.

THE RESIGNATION OF SIR ANDREW MACPHAIL

We learn from the C.M.A.J. that the Editorial Board has accepted the resignation of Sir Andrew Macphail as chief editor of that journal. This announcement will cause general regret among the physicians of Canada; but, apart from this general regret, there will be profound sorrow from another part of the announcement, which states that his resignation was necessitated by an impairment of his eyesight, the result of an accident which happened some years ago. It will be remembered that

that accident happened while he was working in his laboratory. It was hoped, however, that he was, to a large extent, cured, and that, in any case, he would retain normal vision in one eye.

As soon as war broke out he offered his services, and these were gladly accepted. He went overseas, and did very efficient work for some time, especially in France and Flanders.

We, who know him well, admire and love him very dearly, and our best wishes for him and his will remain deep in our hearts as long as we live.

FOOD CONDITIONS IN GERMANY

Food conditions, especially those in Germany, were investigated by a British Commission of which Professor Starling, M.D., was Chairman, and a report thereon appeared in the form of a White Paper. The Commission paid two visits to Germany, and found conditions generally deplorable. They derived the impression that the nation of Germany is broken, both in body and spirit, and will not recover her previous efficiency within one, or perhaps two, generations.

The blockade became really effective in the spring of 1916, and from that time until the present the great mass of the German people have been receiving only about one-half the quantity of food they actually required; or, as the report expresses it "two-thirds of the inhabitants of Germany have been chronically starved for three years, while the other one-third, including the large land owners, or Junkers, have fared pretty well." The last part of the report states that there will be no improvement regarding food in

Germany unless the Allies come to their rescue. As it is now, there is actual danger of a catastrophe, which may involve the death of millions through famine or disease.

It is well to remember, however, that there is no country in Europe where conditions are worse than in the devastated areas of France, where vast numbers of children are in peril from tuberculosis, where milk is now unattainable, and cannot be plentiful for some years.

We feel very sorry for the terrible sufferings in all European countries, but the majority of us have no strong desire to see the babies of Germany thrive at the expense of those in France, on milk furnished by cows which the Germans stole from the French. We hope that those good people of England who have started the "Fight the Famine" movement, and who appear to be so much moved by Professor Starling's report about the Germans, will not forget France, our own magnificent ally. *The Spectator* makes a good suggestion when it says that the Famine Fighters would do well to exhort the Germans to man their food distribution more honestly. It is well known that the rich "could corruptly obtain food in Germany while the children of the poor faded away into their graves." It is thought by many that a wise Commission could find enough milk for the children under four, and that is the most important consideration in the feeding of the masses at the present time.

News Items

UNIVERSITY OF TORONTO

Extension Courses and Lectures for Graduates in Medicine.

The Faculty of Medicine of the University of Toronto recognizes that the practitioners of the Province are anxious to keep closely in touch with the advances in Medicine, and that they have a claim on the Provincial University to aid them in doing so. The Faculty considers this duty as being second only to the instruction of the undergraduate.

At the moment the rapid advances in knowledge and the many changes due to the war make it impossible for the Faculty to offer set courses of sufficient variety to meet all the needs of those who seek further study. It further considers that the method which is the usual one in England and on the continent will meet the needs if it be administered in a personal and sympathetic way through an advisory committee.

Those who have studied abroad know that the routine method is for the graduate to attend the instruction given to the students of the senior years in Medicine, to follow the ward rounds and to go to the out-patient department picking up what he can. If special instruction is required in order to enable him to follow the clinical work, this is obtained privately from a tutor. The University hopes to improve on this method.

A standing committee has been appointed whose duty it is to give to any graduate interested advice as to the clinics and lectures which should be taken, and to confer with the heads of departments and individual teachers so as to arrange a course in advance for each applicant. Such a course may be modified by the committee if it does not prove suitable.

The Fifth Year student in Medicine is now receiving the most advanced type of clinical instruction, and his teachers often take advantage of the modern laboratory training given in the junior years and may thus make their instruction somewhat difficult to follow by those who have not had this preliminary training. The teacher will, however, be prepared to explain privately any difficulties, to recommend such books

as will clear away these difficulties or through the Committee to arrange for some special laboratory instruction.

All the library facilities of the University will be open to any post-graduate student under the usual conditions.

The staff fully realizes that every effort must be made to render the visit of each post-graduate student both pleasant and of real value. Instruction may be obtained as outlined above in the following:

Medicine, Surgery, Obstetrics and Gynecology, Pediatrics, Otology, Rhinology, Laryngology, Ophthalmology, Preventive Medicine, Pathology and Bacteriology.

Applicants for courses should remember that the shorter and the more general a course they desire the more difficult it will be to arrange to meet their needs and the more superficial the training that they receive is likely to be, while the longer the period they can devote and the narrower the field, the easier the committee will find it to meet their requirements and the more thorough will be the training.

The University will impose a minimum fee of $10 per month. This will be imposed for any course of less than a month as a registration fee. In such cases where extended work and attention is required, a special fee to cover the same will be arranged by the committee.

Extension Lectures.

In order to aid medical societies or groups of physicians to keep up-to-date, the committee is prepared to arrange lectures for such societies.

PEEL MEDICAL ASSOCIATION

The annual meeting of the Peel Medical Association was held at Brampton, November 20th, 1919, in the Victoria Hotel. The following officers were elected for the ensuing year: President, Dr. W. D. Sharpe, Brampton; Vice-President, Dr. D. L. Heggie, Brampton; Secretary-Treasurer, Dr. A. F. Reynar, Palgrave.

One important item which was discussed at the meeting was the prospective hospital to be erected at Brampton in the near future. The hospital will be a branch of St. Michael's Hospital, Toronto. This project was heartily endorsed by the medical doctors of Peel County.

TORONTO GENERAL HOSPITAL

It is estimated that the cash value of this hospital and site to-day is over six million dollars. It has now a debt of $835,000, which the Trustees wish to wipe out. The subscriptions from the public have amounted to $1,556,000, of which about sixty per cent. came from Trustees. There are, as assets, the old General Hospital property and some subscriptions not yet paid, but supposed to be collectable. The Trustees made the following proposition, November 20: Let the city and the University each contribute $125,000, and the private benefactors provide about $500,000. If this is done, they can clear away the debt.

ORPINGTON HOSPITAL

After the negotiations to which we referred in our last issue were carried on for some time, the Ontario Military Hospital at Orpington was finally sold to the British Ministry of Pensions for $400,000. It will be used as a central depot for cripples and permanently wounded men of the Imperial army. Colonel McPherson, C.A.M.C., of Toronto, was O.C. from start to finish. Orpington was the last Canadian General Hospital to close in England.

JACOBI MEMORIAL HOSPITAL

We learn from the New York *Medical Journal* that the Memorial Hospital, in honor of Dr. Jacobi, will cost about one million dollars. It will probably be erected as an annex to the Jewish Memorial Hospital, but will be non-sectarian in character. The desire is to build and endow a hospital which will be a proper tribute to Dr. Jacobi's labors among the poor.

Dr. John Stewart, of Halifax, spent a few days in Toronto in the first week of November.

Personals

Dr. Fred E. Watts, 155 Bloor E., Toronto, has returned from overseas and resumed the practice of general surgery.

Dr. E. E. Cleaver, 155 Bloor St. E., Toronto, announces that he will devote his attention to the investigation of gastro-intestinal diseases.

Dr. (Brig.-Gen.) A. E. Ross, M.P.P., Kingston, has been appointed administrator of the Federated Unemployment funds for Returned Soldiers. It is expected he will handle a disbursement of $40,000,000.

Dr. J. C. Connell, Dean of Queen's Medical Faculty, Kingston, has been invited by the Government of the United States to join a medical commission from Great Britain and France to consider inter-allied reciprocity in registration. It is expected that, after the committee have attended their meeting in Washington, they will attend the annual meeting of the American Medical Association in New Orleans in May. Afterwards they will visit a number of medical colleges in the United States.

Dr. J. K. Milne Dickie, F.R.S.C.E., formerly Ear, Nose and Throat Surgeon to Leith Hospital, Edinburgh, has recently come to Toronto and opened an office at 47 Grosvenor Street, where he will commence practice limited to diseases of the ear, nose and throat. Dr. Dickie was for some years on the staff of the University of Edinburgh, where he was engaged on the study of the upper air passages and of the ear. He received most of his special training in Edinburgh, where he worked under Dr. Logan and Dr. J. S. Fraser for several years.

Dr. D. E. Kelly, who practised for some time in Peterboro, has now removed to Bobcaygeon. Dr. Kelly worked for some years during the war with the C.A.M.C., and attained the rank of Major. Soon after the armistice he returned to Peterboro, but decided about the middle of November to go to Bobcaygeon. His friends in Peterboro, when they learned that he was going to leave that city, and also that he was shortly to be married, showed a desire to do him some honor, and on the evening of December 9th, the members of the Peterboro Medical Society presented him with an address, and also gave him a handsome present in the form of a silver service and tray.

Obituary

DR. GEORGE DUFFIELD

We deeply regret to announce the passing of Dr. George Duffield, of Detroit, who died in his office, from heart failure, November 12th, 1919. He was well known in Toronto, and his many friends here were shocked and grieved over his sudden departure.

The following resolution was passed by the Detroit Academy of Medicine:

Whereas by ruling of the Divine Creator, Dr. George Duffield, a fellow member, friend, and long-time associate, was transferred from the activities of this life, November 12th, 1919;

Be it resolved, that the Fellows of the Detroit Academy of Medicine deeply mourn the loss of a consistent and efficient member, who for many years stood for all that is noblest and best in the profession of medicine, and by his work and example evinced the spirit of brotherhood and the essence of true helpfulness;

Resolved, that this action by the Academy be spread upon its Records, and, as an expression of true sympathy, a copy of the same be transmitted to the sorrowing family.

We are indebted to Dr. W. P. Manton, a loved personal friend of the deceased, for the following sketch of his life, and appreciation:

Dr. George Duffield, a former President of the Academy, was born at the family residence on Congress Street west, on April 28th, 1859. He came of excellent stock on both sides, his mother's relatives, the Buells, being well-known and prominent people in New York State, while his father's agnates, coming from Pennsylvania, were particularly distinguished in scientific lore, theology, law and literature. Educated in the public schools of this city, the Philo M. Patterson Private Classical and Mathematical School, he finished his preliminary course at the Orchard Lake Military Academy, where a thorough training, both literary and physical, fitted him for the battle of life.

Having shown from his early boyhood a peculiar interest in

all that pertained to sickness and suffering, it was natural that he should turn his attention later to medicine, and he was graduated from the Detroit Medical College in 1882.

Following this he spent two years in post-graduate study in Berlin, Vienna, and Heidelberg, where he took up a general review of medicine, paying particular attention to pathology and obstetrics. Returning to this city in 1883, he began practice, opening an office in his father's house, 480 Woodward Avenue. Some years later he became associated with Dr. Henry A. Cleland, one of the oldest and best known practitioners in the city, and occupied offices with the latter in the old Cleland Block, State and Griswold Streets. He remained here for many years, succeeding to the practice of Dr. Cleland following the latter's death, and, when the Peter Smith Building was erected on the same site, he continued in the old locality. In 1918 he removed to 80 Griswold Street, a down-town location being more convenient to his professional work.

Dr. Duffield was elected to the Detroit Academy of Medicine in 1883, became vice-president in 1896 and president in 1899. He was greatly interested in the work of the society and, during the earlier years, did much to advance its interests. Although a fairly active and voluminous correspondent, he did not contribute extensively to medical literature, but what he did write was always practical and timely. In looking over the list of papers read before the Academy during the past thirty years, I find that Duffield's name occurs nine times, and the titles include such subjects as "Carcinoma," "Urinary Casts," "The Treatment of Typhoid Fever," "The Use of Antitoxin in Diphtheria," "Plea for the Earlier Diagnosis and Treatment of Pulmonary Tuberculosis," "Treatment of Diseases of the Heart associated with Tachycardia." These papers were prepared at an early date when interest in these special subjects was just awakening, and evidence a keen and alert interest in progressive medicine.

During the early years of Dr. Duffield's experience, he devoted much time to pathology; indeed he, and the late Dr. Frank W. Brown were the only men in Detroit who had had special training in that subject. As a result they both did quite a laboratory business. Most of this was free work and a labor of love, the profession not yet having sufficient appreciation of the subject to suggest remuneration, so that both Brown and Duffield gradually tired of the gratuitous exhibition, and demanded pay for services rendered. This immediately caused

a falling off of the work, and Duffield turned his attention to internal medicine. For many years he was a visiting physician to Harper Hospital, and Professor of Medicine in the Detroit College of Medicine, in both of which he later became Emeritus. For four years he was Secretary of the State Medical Society and, together with a committee, edited its transactions. He was one of the editors of *The Microscope,* a scientific journal devoted to microscopy in all its branches. For years he edited the *Harper Hospital Bulletin,* a staff publication, in the interests of the hospital. Early in his career Dr. Duffield became examiner for several insurance companies, and so greatly did his work along these lines prosper, and so popular did he become with the soliciting force that, during the past decade or so, this occupation crowded out most of private practice, and he gave practically his entire time and attention to this department. At the time of his death he was the Michigan Medical Director for the Mutual Benefit Life Insurance Company of New Jersey, and had the enviable distinction of making more examinations each year than any physician in the United States.

He was also a member of the Wayne County Medical Society, the State Medical Society, and the American Medical Association.

Socially he was connected with the Country Club, the Boat Club, and the Detroit Golf Club.

Every man places, however unconsciously, a valuation on himself; but it is impossible to determine just how Dr. Duffield appraised his personal assets. He seldom spoke in serious mood of his own qualifications, and one can judge of him solely by his acts. One mentions the dead only from memory, and at this time memory troops in such overwhelming masses that selection becomes difficult, and what might be put down soon appears trivial compared with that unmentioned.

Four characteristics, however, stand out in Dr. Duffield's life—steadfastness, kindliness, self-sacrifice and service.

The deaf, the halt and the blind were his friends and brothers in so far as he could reach out a helping hand in their extremity; he joyed in service, and let no personal gain or comfort stand in the way of doing what he could. The "cup of cold water" in his hands became the kindly, cheering word, the fragrant flower, the box of candy, placed where it would do most good.

In his moral code he was firmly founded; no exigency of occasion could tempt him to depart from that which he thought

to be right. He was a staunch and steadfast friend and, come weal, come woe, with his broad shoulder to the wheel would push with all his energy, or, if those he loved lacked vigor, he was quick to assume the total burden to himself. Helpfulness and service were his foremost thoughts and, harking back over the past years, one fails to ever find him wanting.

By nature sympathetic, he sometimes seemed to pass too lightly over serious things, but always at the bottom of his heart he searched for that which would best bring comfort, cheer and quick relief. So, truly we may say of him, as Antony said of the great Roman:

"His life was gentle, and the elements
So mix'd in him that Nature might stand up,
And say to all the world, This was a man!"

Manton.

"We shall not look upon his like again."—*Aikins.*

DR. (LT.-COL.) ROBERT WILSON

Lt.-Col. Wilson, C.A.M.C., died suddenly in St. Andrew's Military Hospital, Toronto, November 1st, aged 53. He was very well known in Montreal, his former home, and his friends there were as much surprised as shocked when they heard of his unexpected death. He was a graduate of McGill, and for many years was Superintendent of the Western Hospital in Montreal. After spending some years overseas, he returned to Canada, where he acted as consultant in electrical and hydrotherapeutic treatment for Canada, with headquarters at Hart House, Toronto.

WILLIAM W. WALKEM, M.D.

Dr. W. W. Walkem, of Vancouver, died September 29, aged 69. After graduating from McGill, he practised for a time in Victoria, then in Nanaimo, and finally in Vancouver.

STEPHEN HUFFMAN THORNE, M.D.

Dr. S. H. Thorne, of Bobcaygeon, died at the Ross Memorial Hospital, Lindsay, December 6, 1919.

Book Review

Experimental Pharmacology.—By Hugh McGuigan, Ph.D., M.D., Professor of Pharmacology in the University of Illinois, Chicago. Published by Lea & Febiger, Philadelphia and New York, 1919.

This is a laboratory manual of pharmacology. The course outlined is fairly elementary, but is described in sufficient detail to give very satisfactory results. In an excellent introductory chapter necessary laboratory equipment and general methods are minutely described. There are numerous illustrations and several carefully prepared charts. The style is clear and concise as benefits a laboratory manual. Altogether the book should prove of excellent service in the practical study of the action of drugs.

Selected Article

THE TREATMENT OF DIABETES MELLITUS*

By P. J. Cammidge, M.D.Lond.

All persons who pass reducing substances are not necessarily diabetic, and even when sugar is found in the urine a diagnosis of diabetes is not justifiable. A thorough chemical analysis of the collected urine for twenty-four hours while a diet of known composition is being followed, repeated estimations of the sugar content of the blood under test conditions, examination of the urine passed at known intervals after a test meal, and, may be, analysis of the stomach contents and fæces are required before a trustworthy opinion can be formed. Consideration of the results obtained in this way permit of cases of glycosuria being divided into two main classes: (1) true diabetics, (2) pseudo-diabetics. By true diabetics I mean those who excrete urine containing an abnormal amount of dextrose and whose blood-sugar curve reaches too high a level or is too long delayed in its return to a fasting value, after a test meal of starch, or pure dextrose. Pseudo-diabetics may pass dextrose in their urine or a reduction may result from the presence of some other substance, such as pseudo-lævulose (iso-glycuronic acid), true lævulose, lactose, a pentose, etc., but their blood-sugar curve, after a test meal, is normal in its range and time relations. The differentiation of these two types is of considerable practical importance, for pseudo-diabetes, in one or other of its forms, is very much more common than is generally supposed, and as the prognosis is generally very much better than in true diabetes, and the treatment is quite different, patients may be subjected to a great deal of unnecessary inconvenience and discomfort if a correct diagnosis is not made.

True diabetes is not merely a disturbance of carbohydrate metabolism; from the earliest stages the utilisation of proteins and fats is also defective. As the disease progresses these defects become more pronounced, so that eventually they are the dominant factor and finally bring about a fatal termination in the majority of cases. Any treatment to be successful

*Abstract of a lecture to the Fellowship of Medicine, October 15th, 1919.

permanently, therefore, must take into account not only the carbohydrate tolerance but also the patient's powers of dealing with other food materials, so that every case has to be studied as a separate problem with at least three unknown quantities.

As long as a diabetic is passing sugar in his urine, or there is an excess of sugar in his blood, improvement is impossible, consequently our first object is to abolish the glycosuria and bring the sugar content of the blood back to normal levels. At present we have no means by which we can directly improve the sugar-utilizing powers of the body, but we can do so indirectly by giving the metabolic functions physiological rest. It is now the fashion to secure the required rest in all cases by fasting as soon as a diagnosis of glycosuria has been made, but actual fasting is unnecessary in many instances, and in others the sudden deprivation of food is liable to cause serious complications which may prove fatal. In my opinion, it is much safer, and it is certainly less trying for the patient, to proceed by easy stages, gradually reducing the amount of food taken by successively eliminating the fats, proteins, and carbohydrates at intervals of a day or two. When the patient is first seen he should be kept on an ordinary mixed diet for a few days while the state of his metabolism is being investigated. Sugar and all substances containing sugar as such, except an ounce or two of milk, should first be excluded from the diet. Next all fatty foods, such as butter, bacon, eggs, etc., are eliminated. After a day or two on a fat-free diet, the carbohydrate intake is halved and the allowance of protein gradually reduced. If the glycosuria and hyperglycæmia still persist the amount of carbohydrate is reduced each day until a diet consisting entirely of low-value green vegetables only is being taken. Should a day or two on this regime not render the urine sugar-free and bring the blood-sugar back to a normal level, a fast of one, two or three days may be prescribed. More than one or two days' starvation are very rarely needed, even in severe cases, if the diet is gradually reduced in the manner described, but should a three-day fast not bring about the desired result, I allow a day or two on a protein-vegetable diet, as free from fat as possible, and then give another day or two without food. Intermittent fasting carried out in this manner is quite as efficacious in controlling the disease as the prolonged fasts advised by Allen and others, and it does not deplete the patient's strength in the same extent.

When examination of the blood shows that its sugar con-

tent has been reduced to 0.1 per cent., or under, and a twenty-four hours' collection of the urine gives no reaction for sugar with Benedict's test, the diet is gradually rebuilt in the reverse direction to that along which it was reduced, starting with low-value green vegetables, then adding carbohydrate at the rate of four or five grams a day, next introducing fat-free proteins, like whitefish or chicken, at the rate of twenty grams on alternate days. When the carbohydrate content of the diet reaches fifteen or twenty grams, but not before, fat may be allowed in small quantities. If it is well tolerated it is increased at the rate of about five grams daily until the intake of fat and carbohydrate balance each other. They are then increased on alternate days until a slight return of the glycosuria, or a rise in the blood-sugar content above 0.14 per cent. shows that the patient's limit of tolerance has been reached. A final diet, containing about twenty per cent. less carbohydrate than was being taken on the day the glycosuria or hyperglycæmia was found, may then be arranged. A similar reduction in the fat is also advisable, and in no case should the fat-content of the diet exceed the carbohydrate by more than about fifty per cent. The protein allowance should be sufficient, but not more than is required to keep the patient in nitrogenous equilibrium.

An excess of fat in the diet is the most common cause of failure in treating diabetes. The steady downward progress of many cases, especially young people, is to be attributed to an uncontrolled fat intake rather than to some inherent malignancy of the disease. Fat is an insidious poison to all diabetics, for an excessive proportion interferes with the utilization of carbohydrate, thus causing glycosuria, and the defective utilization of carbohydrate in turn prevents the complete and orderly combustion of fat in the tissues, with resulting acidosis. Control of the fat allowance is therefore quite as important as limitation of the intake of protein or carbohydrate.

It would seem that the total load of food a diabetic is capable of dealing with efficiently is limited and always subnormal, the exact limit depending on the stage of the disease. If this limit is exceeded, further defects in metabolism develop, and the disease cannot be controlled; if, on the other hand, the amount of food taken is well within the patient's capacity, the progress of the disease is stayed, and improvement generally takes place. In other words, a diabetic must eat to live, not

live to eat. It may happen that the amount of food he can take with safety is not sufficient to maintain a normal standard of weight, and in that case weight must be sacrificed for well-being. Experiments with diabetics have shown that weight and strength are not synonymous and that a patient on a low diet who is sugar-free is muscularly more efficient than one who eats more, and weighs more, but is constantly passing sugar in his urine. Actual determination of each patient's capacity for dealing with food is the only safe guide to the diet he can be allowed and all theoretical standards of weight or caloric value should be disregarded.

In order that the diet may be kept within the ascertained safety limit, it is necessary that it should be taken quantitatively. In practice quantitative regulation of the diet presents no serious difficulties if the patient is taught to take his food in weighed "serving" of known average composition. After a little practice most people are able to estimate an "average serving" of any ordinary food material by sight, and can therefore make allowance for it in their diet. Minute accuracy is not, as a rule, required, excepting for actual starchy foods, where appeal to the balance is necessary always unless the case is a very mild one with a high carbohydrate tolerance.

The aims of the modern treatment of diabetes may be summarized briefly as follows:—(1) To bring the sugar content of the blood within normal limits and render the urine free from sugar by physiological rest, which may or may not entail abstinence from food for a short period; (2) to determine experimentally the patient's tolerance for carbohydrates, proteins, and fats; (3) to ascertain the total load of food which can be efficiently utilised; and (4) to arrange a properly balanced diet which will not over-tax the patient's weakened metabolic powers in any direction, but give them opportunity for recovery and improvement.—*The Medical Press.*

Selections

Pleurisy *Sir Thomas Horder (Practitioner).*

Probably few diseases are more often diagnosed without adequate reasons than pleurisy, and probably few exist more often unsuspected.

The pain of pleurisy is capable of very extensive reference; it may be felt in the body as high as the cervical vertebræ, and as low as Poupart's ligament. One of the commonest remote points of reference is the extreme tip of the shoulder, and pain in this situation should always lead to careful examination of the chest for pleuritic rub.

Two sounds are at times mistaken by the beginner for pleuritic friction: (i) muscular rumble, especially when exaggerated by shiver, and (ii) rhonchus. (i) is heard all over the chest, and universal pleurisy does not occur; moreover (i) is a continuous sound, whereas pleuritic rub is rhythmical. (ii) is nearly always bilateral, which acute pleurisy uncommonly is; but of much greater differential value is the fact that whereas pleuritic rub is a constant sound, rhonchus is inconstant, being affected by cough and by deep breathing.

Skodaic resonance beneath the clavicle, though highly suggestive of pleuritic effusion, is not pathognomic; the sign is occasionally present in cases of solid lung (cancer, massive collapse, and pneumonic consolidation).

Rheumatic pleurodynia is a common condition, especially in children, but it is doubtful if true rheumatic pleurisy occurs apart from rheumatic fever.

Primary pleurisy with serous effusion is most often due to infection of the pleura by the tubercle bacillus.

Pleural effusion complicating nephritis is of two very different kinds: (i) hydrathorax, in most cases part of a general œdema, and (ii) pleuritic exudate, due to acute inflammation of the serous membrane; (ii) is often acute in onset and course, and is generally accompanied by fever. It is, in many cases, associated with infection by a streptococcus of low virulence, less often by the pneumococcus.

Pleurisy, usually left-sided, may be the first event drawing attention to the existence of gastric ulcer. The diagnosis, as may be supposed, is not easy. But when the patient is a young woman subject to attacks of dyspepsia of the hyperacid type;

when the pleurisy is insidious in onset; and when liquid effusion appears slowly, is purulent, and contains a mixture of micro-organisms—in the presence of these facts the diagnosis may be made with some confidence.

It is not very uncommon to find pleurisy developing between the third and eighth day after gastro-enterostomy. Although the event is somewhat alarming, the prognosis is not necessarily bad; most of the cases recover without the aid of any further surgical procedure. Such cases, and their recovery without serious consequences, show how susceptible the pleura is to infection, and how well equipped it is for dealing with it.

Pleural effusion discovered to have been latent, or to be much smaller in amount than the physical signs led the observer to anticipate, or the withdrawal of which affects the physical signs and the symptoms but little, should suggest new growth in association with the effusion.

The commonest cause of blood-stained effusion is not malignant disease of the lung or pleura, but the commonest cause of pleural effusion in general—tuberculosis. A third common cause of sanguineous effusion is hæmorrhagic infarct, complicating dilated right heart, and in most cases associated with mitral stenosis. Pleural effusion complicating influenza may also be blood-stained.

Movements of the accessory muscles of respiration, and especially of those connected with the shoulder-girdle, are liable to prolong an attack of pleurisy. This may sometimes be demonstrated by the effect on the temperature chart of three or four days during which the patient is allowed free movements of the arms in bed, followed by a similar period during which he is kept strictly at rest. A valuable adjunct to the treatment of pleurisy is to immobilise the arm on the affected side by strapping it to the chest.

The indications for aspiration of a serous pleuritic effusion are three: (1) the effusion is very large; the fluid should be drawn off as soon as the condition is diagnosed. (2) The effusion is not very large, but there are symptoms of cardiac or of respiratory distress; the effusion should be aspirated in the hope that this procedure may relieve the distress. (3) The effusion has been present for ten to fourteen days and shows no signs of being absorbed. Concerning the cases coming into this group two questions may reasonably be asked: (*a*) Why not aspirate before the tenth day? Because the evolution of the process of exudation is not usually complete before that day.

and removal of the fluid before the high tide is reached is likely to lead to recurrence of the effusion. (*b*) Why aspirate at the end of this particular interval? Because an effusion allowed to remain longer is liable to cause permanent collapse of lung with deformity of the chest.

A very important, though subsidiary, reason for not aspirating every pleuritic effusion so soon as diagnosed, is that the lung on the side of the effusion may be the seat of active tuberculosis. Early removal of the fluid may then prove a danger by causing rapid expansion of the collapsed lung and consequent risk of extension of the tuberculous process. Another occasional consequence of such unwise treatment is pneumothorax with its attendant dangers. The presence of the fluid keeps the lung collapsed, and so tends to check an acute tuberculosis inflammation. In other words, the incidence of a pleural effusion in association with active phthisis is a "conservative" process, the benefit of which may be undone by hasty treatment.

The use of respiratory gymnastics and special breathing exercises, designed to restore the function of the lung after an attack of pleurisy with fluid effusion, requires careful supervision. Graduation is the essence of the treatment: but, given an enthusiastic patient and a demonstrator bent on rapid results, anything may happen, from mere prolongation of the period of convalescence to recurrence of the effusion.—*The Medical Review.*

Prohibition and Sugar Consumption

One of the marked effects of prohibition, where it has been reasonably enforced, has been a great increase in the consumption of candies and sweets. This is so well recognized that candy manufacturers have looked forward with confidence to the introduction of nation-wide prohibition as representing a magnificent boom for their business. Immensely larger quantities of candy have been bought in the Southern States, where prohibition has been in existence for some years, than before that regulation was introduced. This is due partly to the fact that families have more money to spend on extra necessaries than before, but principally to a craving for something to replace alcohol, and sugar has been found to do this to a certain extent. The expectation of the candy manufacturers and the bottlers of various kinds of temperance beverages is likely to be fulfilled. Americans generally are going to consume a great

deal more sugar than before and this will make the developments that are impending of special interest to physicians. One well known American authority on diabetes did not hesitate to say some years ago that there are probably half a million people alive in this country who either now have diabetes or will have it before they die. The disease is becoming of much more frequent occurrence in this country than formerly. It is also attacking the younger members of the population and, as is well known, it is the diabetes of patients under forty that may be serious, while that of patients under thirty practically always is.

This increase in diabetes has gone hand in hand with the increase in sugar consumption. Sugar is a highly artificial concentrated product, in its way quite as artificial as alcohol, though in dilute state both of these substances commonly exist in nature. Sugar as we know it is a comparatively modern invention, the use of which came into general vogue only during the nineteenth century. A little more than one hundred and fifty years ago any one who wanted sugar went for it not to the grocery store but to the apothecary shop and bought it by the ounce quite as we buy drugs now. It was used as a drug because of its diuretic action, but also as a flavoring material, especially for the medicines of the young and the food of the old. Households did not have sugar on the table, as we have, or when it was served, it was in very small saucers containing a few irregular lumps of the old-fashioned loaf sugar.

About the beginning of the nineteenth century sugar consumption had increased only to the extent that something less than a thousand tons of sugar supplied all the world's needs. Tea and coffee and candy were beginning to make inroads on the annual sugar crop. The year before the war sugar consumption had advanced so much that something more than 22,000,000 tons of sugar were required for the world's use and in this country every man, woman, and child had to have on the average nearly a quarter of a pound of sugar a day. For a great many people the consumption of this much sugar will not be at all disturbing. Their physiological relation to sugar is entrenched in a high tolerance. There are, however, many persons who will be seriously hurt by it; many of them will have their physiological capacity for sugar overcome and the pathological elimination of it will begin with the formation of a habit of enforced elimination from the system which will gradually lead to the serious disturbance of all sugar meta-

bolism. This will come in the form of diabetes, but the exaggerated use of sugar may lead to that near relative of diabetes, obesity, in which the sugars are burnt to supply heat and the fats are deposited.

If now we are going to have a still further increase of sugar consumption, as seems inevitable, it is easy to understand that health will suffer from it. Alcoholic morbidity was indirect. What may be expected from an increase of sugar consumption, however, is direct and will make itself felt in a very short time. There will soon be much more need than before to look out for the first symptoms of diabetes which are so often insidious, and we shall have a very interesting demonstration of the breakdown of a physiological process under the stress of a series of dietary allurements.

The medical profession throughout the country probably could do nothing more valuable for public health than to note the conditions which will develop in connection with the conscious and unconscious use of substitutes for alcohol, and particularly sugar.—*The New York Medical Journal.*

Blood Pressure as Influenced by War Emotions

G. Etienne and G. Richard (*Paris médical*, August 9, 1919) report the results of several years' observation of the effects of shelling in the town of Nancy on blood pressure. All violent shocks were found to affect the blood pressure, generally bringing about a brief stage of hypertension, lasting five or ten minutes, followed usually by one of hypotension lasting from a few minutes to two or three hours. The average rise of systolic pressure was eight to twelve millimetres of mercury, and of diastolic pressure, three or four millimetres. When the emotional shocks are repeated, *e.g.*, if the town is shelled throughout the day, each successive shock finds the blood pressure a little higher than it had been before, and subsequently the return of the pressure to normal may be slow, especially in old persons, in whom several weeks may elapse before it reaches normal. Where the shocks are repeated for weeks or months, the systolic pressure shows a constant elevation of from ten to forty millimetres, and of the diastolic, from ten to twenty-five millimetres. In a man aged seventy-nine years the blood pressure had not yet returned to normal after spending more than seven months in a quiet locality.

Repeated emotional shocks may cause disturbances of the

glandular organs, the ductless glands in particular. In one young woman, menstruation ceased on the second day when a large projectile fell not far from her. Another subject's menstrual periods always began six or eight days too soon when the town was being shelled. In several instances the mammary glands ceased to secrete. Chlorosis was frequently met with. In one case suppression of menstruation was accompanied by a considerable enlargement of the thyroid gland, with increased pulse rate. Several instances of Basedow's syndrome were seen. Two patients showed glycosuria after bombardments. The glands most notably affected by emotional shocks are the adrenals.—*New York Medical Journal.*

The Relation of Graves' Disease to Diabetes and Glycosuria

R. T. Williamson calls attention to a number of interesting facts which indicate the relation of Graves' disease to diabetes mellitus and glycosuria, and refers to cases met with in his practice which illustrate this relation from the clinical side. These are: 1. Graves' disease is occasionally followed by, or associated with, diabetes mellitus, well marked or mild. 2. In Graves' disease frequently a temporary or intermittent slight glycosuria can be detected. 3. Mild diabetes is, in rare instances, followed by Graves' disease; such cases are extremely rare. In Graves' disease alimentary glycosuria is often produced much more readily than in health by the administration of a large quantity of sugar. 5. Both Graves' disease and diabetes mellitus occasionally develop directly after a sudden mental shock or after great mental anxiety of short or long duration. 6. Occasionally the family history shows that the two diseases have occurred in different members of the same family. Many other points of interest respecting the relation of the two diseases based on experimental work might be added. 7. In Graves' disease occasionally the patient suffers from nausea, sickness, and persistent vomiting and may be unable to take food and may very rapidly become wasted. In some of these cases there is a marked diacetic acid reaction in the urine, though the urine is free from sugar. The condition resembles the acetonæmia of diabetic coma in many respects. The relationship of these conditions should be taken into consideration in the treatment. If glycosuria is frequent or permanent, then a diet chiefly of carbohydrate food is unsuitable in such cases of Graves' disease. In definite diabetes, associated with or fol-

lowed by Graves' disease, of course the diet suitable for the form of diabetes detected should be advised, as the diabetes is usually more serious than the Graves' disease. To this statement there is one exception, and that is in cases of Graves' disease, complicated with persistent vomiting, with acetonuria, and with diacetic acid in the urine, if no glycosuria is detected sugar carbohydrates, such as tinned apricots, sweet fruit, etc., may be of much service for a short time, along with alkalies.—*Medical Record.*

Complications following Removal of Tonsils and Adenoids

Too much attention has not been given to the infectious complications which may follow removal of the tonsils or adenoids, but it is nevertheless true that these complications are extremely serious and we believe that they are more frequent than is generally supposed. These complications are of three orders, viz.: local complications, complications from extension, and complications of a general type, coming from the blood or lymphatic system. In practically all operations for adenoids and tonsils a local reaction will be observed at the field of operation. It is not uncommon to find the temperature elevated. This pyrexia is evidently attributable to the absorption of infectious bacteria at the site of the operative wound. In some instances a veritable posterior pharyngitis, a peritonsillar abscess or œdema of the soft palate have been known to occur.

These are the local complications, but those resulting from extensions of the infection are usually otitides. In some cases there is no suppuration from the ear, the infection taking place by way of the Eustachean tubes; but the phagocytic reaction is more severe and therefore a purulent otitis is avoided. In other cases the operation seems to light up an otorrhea which had been quiescent for a long time. In the majority of cases the infection extends from the pharynx to the tube and from the tube to the cavum tympani and there sets up a suppurating otitis media, especially if the patient has been weakened by loss of blood during operation. Some cases of suppurating otitis media have been further complicated by mastoiditis or even a phlebitis of the jugular vein (Bar, Moure, Citelli). Mention should also be made of a case of abscess of the soft palate following removal of adenoids. This is a complication by extension, as was Kœnig's case of retropharangeal abscess following the removal of adenoids and tonsils. The general

complications may take place by way of the lymphatics. Therefore, these consist of adenitides and adenopathies, such as have been encountered by Castex, Chavasse, Tollens, and others.

The complications arising from the circulation are the bronchopulmonary manifestations, and although this subject requires fuller development such as cannot be given here, it may be said that the origin of these bronchopulmonary lesions is in the circulation and not a simple extension of the infection from the throat or postnasal cavity. Among the general infections should be mentioned retrobulbar abscess, vertebral caries, sinusitis of the face, acute rheumatism, pseudoleucemia, meningitis, and thrombus of the cavernous sinus. In other instances the throat operation has been followed by a papular, roseolic, or erythematous eruption with more or less intense fever; in a word, by a train of symptoms indicating a profound infection. —*New York Medical Journal.*

Angina Pectoris and Syphilis

O. Josué (*Paris médical*), concludes from a study of ten cases of angina pectoris that the Bordet-Wassermann reaction is positive in but one-third of all instances of this disease. Nevertheless, antisyphilitic treatment proved efficacious in eight out of nine cases receiving it, even in the absence of all stigmata of acquired or congenial syphilis. Angina pectoris is thus in itself to some extent an indication of syphilis. In the eight cases reacting favorably to the treatment, the attacks were either completely eliminated or reappeared only after a more or less prolonged interval, usually with diminished intensity. In the ninth case no improvement followed eight mercurial injections, and the treatment was given up. The author advises energetic treatment by intravenous injections of mercury cyanide in all cases of angina pectoris, even where there is no indication of syphilis and the Bordet-Wassermann reaction is negative. The cyanide is injected on alternate days in the dose of 0.01 gram in courses of fifteen injections each. If stomatitis or intestinal disturbances begin to appear, the treatment is stopped. Due care of the mouth, including the use of a gargle of potassium chlorate, is advisable. If novarsenobenzol is used, it should be given only with great caution, beginning with 0.05 to 0.1 gram at three or four day intervals.—*New York Medical Journal.*

Post-Anaesthetic Acidosis (*Med. Jour. Australia.*)

Gilbert Brown gives the following rules for the avoidance of post-anæsthetic acidosis:—

1. Examine the urine in every case for acetone before operation.

2. Try the breathing test. The patient sits perfectly quiet for five minutes, then draws a full, but not abnormally deep, inspiration. The breath is then held, with the mouth closed and the nostrils compressed with the fingers, while the time is noted. The normal period for which the breath can be held in this manner is thirty to forty seconds. According to Stange, any period under twenty seconds contraindicates general anæsthesia.

3. (*a*) Administer 8 c.c. of syrup of glucose every four hours for twenty-four hours before operation, or (*b*) administer 1.6 gm. of pancreatin one hour before operating, and as soon as possible after operation.

4. Some light food should be given four hours before the operation.

5. Give morphine 0.01 gm., and hyoscine 0.0006 gm., one hour before operation.

6. After the operation give glucose by the rectum and by mouth.

7. If there is much vomiting, examine a catheter specimen of urine at once.

8. Avoid chloroform whenever possible.

9. Use ether by the open method, and from a recently opened bottle only.—*The Prescriber.*

Guaiacol Iodide: An Organic Iodine Compound

A combination of guaiacol and iodine is recommended by J. Maberly (*Med. Jour. S. Africa*) as a convenient means for the administration of iodine in organic combination. This is prepared according to the following formula:

Guaiacol, pure	1 minim.
Solution of iodine (12½ grains in one ounce S.V.R.)	1 "
Rectified spirit	20 "
Distilled water	to 60 "

The drugs are mixed in the order given above, a slight rise of temperature taking place on the addition of the water. The

free iodine disappears and a stable compound is formed in which the iodine, or a portion of it, replaces hydrogen in the guaiacol. One drachm of guaiacol iodide solution prepared as above represents 0.026 grain (about 1-40 grain) of iodine.

The dose of this solution is one drachm, mixed with an equal quantity of simple syrup and two drachms or more of water. Maberly recommends its use in all cases in which iodine internally is indicated, such as glandular enlargements, etc. The dose is suitably reduced in the case of children.—*The Prescriber.*

The Surgical Treatment of Gastric Ulcer (Tratamiento quirúrgico de la úlcera gástrica). *Rev. espan. de cirug.*, 1919, i, 252. Gallart, F., and Ribas y Ribas.

The following are the conclusions drawn in this paper which was presented at the National Congress of Medicine held at Madrid in April, 1919:

1. Gastric ulcer may become cured either spontaneously or by medical treatment. The results of the curative process are cicatrices of the pylorus and the anterior wall of the stomach.

2. Factors which prevent cure are: pyloric spasm, hyperacidity, gastric stasis, the constant irritating contact of food with the ulcer, etc.

3. Every gastric ulcer which will not yield to medical treatment should be operated upon. If the patient is not able to give the time for continued medical treatment, operation should be done as soon as the ulcer is diagnosed.

4. When a gastro-enterostomy is performed it should always be associated with exclusion of the pylorus.

5. Resection of the ulcer alone is indicated in cases of small, single ulcers without adhesions or concomitant lesions of the gastric wall.

6. The authors' statistics show that only 8 per cent. of cases of ulcer are in a good condition for operation. The other 92 per cent. are cases of old ulcers with infiltration, extensive gastritis, and numerous adhesions. In 12 per cent. of these there are multiple ulcers. In the majority of cases of complex ulcers resection, while technically possible, is risky. Even in simple cases of small, mobile ulcers the mortality of resection varies from 20 to 30 per cent.

7. Gastro-enterostomy is the operation of choice for gastric

ulcer. This procedure is simple and, when well executed, provides an ample vertical opening in the lowest part of the pyloric antrum. The mortality of gastro-enterostomy varies 3 to 4 per cent.

8. The authors' statistics show that the patients exhibiting gastric disturbances after gastro-enterostomy were those who, in addition to the ulcer, had irreparable glandular lesions of the gastric mucosa or connective tissue, or those who had ulcers of the lesser curvature and posterior wall of the stomach with solid adhesions to the pancreas. In other cases the authors have never seen the recurrence of an ulcer.

9. The Alvarez operation is indicated in the painful types of ulcer with many adhesions, neuritis, etc.—*Surgery, Gynecology and Obstetrics.*

Post-Influenzal Palatal Paralysis (Rev. Med. Suisse Romande).

A record of two cases of post-influenzal paralysis of the velum palati. Case 1 was a man of forty who had violent pains in head and limbs, irritable cough, and a temperature of 40.3 deg. C. Slight sub-delirium, pupillary inequality, slight neck stiffness. Kernig negative. Increased reflexes. Pfeiffer's bacilli found in sputum. Palatal paralysis on tenth and eleventh days. Recovery at end of fifteen days.

Case 2 was a boy of twelve who had violent pains in head, and broncho-pneumonia. The sputum showed Pfeiffer's bacilli and the pneumococcus. The fever subsided on the twelfth day. During the next two days signs of palatal palsy appeared. Recovery in two or three days. This case was much slighter than the first one, which showed signs of pseudo-meningitis. The nervous symptoms were caused by the toxin of Pfeiffer's bacillus, or rather by an endotoxin which, according to Galli-Valerio, is set free by the dissolution of the bacteria.—*The Journal of Nervous and Mental Diseases.*

New Remedies

Atreol, or ammonium atreolate, is an aqueous solution containing the ammonium salts of a mixture of organic acids obtained from petroleum distillates. It is a black, syrupy liquid, with a bitter taste. It is soluble in water and in alcohol, and is freely miscible with glycerin or fats. It acts

as a mild antiseptic, and may be used as a lotion or ointment of any strength up to 50 per cent. Atreol is an American patent.

Cassia Beariana is a proprietary preparation, said to be derived from an African plant. It is recommended in black-water fever. Dose, 12 to 20 minims.

Chinamin is a solution of the neutral salts of quinine in combination with adrenalin and hamamelis. It is used as a nasal spray, and as an instillation in the eyes in cases of hay fever (Allen & Hanburys, Ltd.).

Didial is a hypnotic similar to " dial " or diallyl barbituric acid.

Granulogen is the trade-name of a combination of paraffins with 5 per cent. chloretone and an antiseptic, used in the treatment of burns (Parke Davis & Co.).

Panadonin is a preparation of *Adonis davurica,* a Japanese herb, which is advocated as a substitute for digitalis.

Pertonal, or *p*-acetyl-amido-ethoxy-benzene is a synthetic antipyretic similar to phenacetin. Dose, 10 to 20 grains.

Protargentum is a compound of gelatin and silver, containing approximately 8 per cent. of silver in organic combination. Used in aqueous solution, strength 0.25 to 5 per cent. (Squibb & Sons, New York).

Sagrotan is described as a molecular mixture of a chlor-xylenol and a chlor-cresol. It is a light brown oily liquid, miscible with water, and is put forward as a non-toxic antiseptic.

Siomine is a combination of iodine and hexamine, recommended as a substitute for inorganic iodides. No therapeutic claim is made for the hexamine content. Dose, same as potassium iodide.

Superol is ortho-oxyquinoline sulphate, a non-poisonous antiseptic, supplied in powder, granules, or tablets.—*The Prescriber.*

Man the only Cruel Animal

Of all vices cruelty deliberate and calculated is assuredly the basest, and man has the singular and unenviable distinction of being the only animal capable of it, for cruelty implies the ability to imagine the feelings of others, and no sub-human animal is thus gifted. We are not even justified in charging with cruelty small children who impale frogs and indulge in other acts of mutilation, since they are incapable of

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putting themselves in the place of their victims. Nor can we convict the lower animals of cruelty, seeing that they are wholly incapable of realizing the sufferings of others. It follows that the charge of cruelty against the carnivora is unjust. Not only do they generally destroy their victims outright, but in the rare cases—as when the cat plays with the mouse—in which they unnecessarily prolong the suffering of their victims, they have no knowledge of the pain they are causing. When, therefore, we stigmatize the conduct of the cruel man as "brutal," we are strangely unjust to the brutes; and we are no less inconsistent when, with characteristic egotism, we complacently designate such of our acts as are the reverse of cruel as *humane!* The carnivorous mother is capable of as much tenderness as any human.

The carnivoræ in attacking its prey is merely responding to a blind, unthinking instinct; but man, who looks before and aft, is able to realize, and to take pleasure in, the pain he deliberately, and often by exquisitely subtle means, sets out to inflict. It is clearly absurd to speak of such conduct as brutal. Rather should it be called devilish, the devil himself usually being credited with a good share of intelligence. We must cease to libel the brutes by designating the basest acts of man as brutal, and to pride ourselves on our *humanity* when we summon up sufficient virtue to refrain from cruelty—we who, alone of all animals, are capable of this vice.—*The Medical Press.*

Adrenalin Test for Hyperthyroidism

The following test is known as the skin reaction of Goetsch: Eight minims of a 1:1,000 solution of adrenalin chloride, diluted with an equal quantity of sterile water, is injected hypodermically into the arm. Immediately there is formed an area of blanching around the point of injection, and about the margin of this usually a red areola gradually shading off into the surrounding tissue. In about half an hour the centre of the white area becomes bluish grey to lavender, and at the end of from one and a half to two hours, the red areola takes on the bluish or lavender colour, while that in the centre disappears. This lavender areola remains for about four hours from the time of injection, and is the most characteristic part of the test.—*The Prescriber.*

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The Surgical Treatment of Acute Appendicitis (Traitement chirurgical de l'appendicite aiguë). Témoin. *Bull. Acad. de méd.*

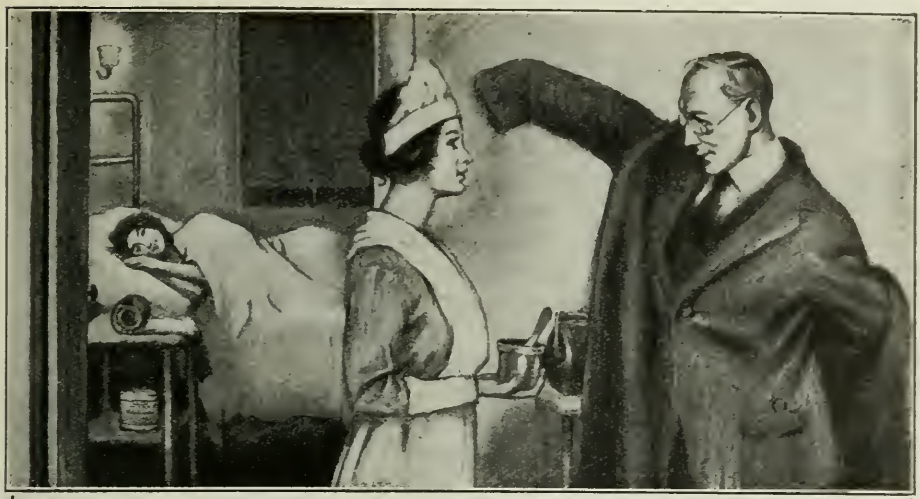
In present-day surgical practice the surgeon has no other choice according to accepted standards than to operate upon cases of acute appendicitis which are seen within the first thirty-six hours. Opinions differ greatly, however, as to the advisability of operating upon cases seen after a longer interval, though the general rule is to wait until the crisis is passed and the appendicitis is "cold."

Témoin reports his operative results in both types of cases as follows:

Up to 1911, 2,167 cases of appendicitis were operated upon, of which 1,442 were in the febrile stage. There were 48 deaths. Since 1911, operations have been performed upon 1,786 cases, 611 of which were in the febrile stage and 1,175 within the critical stage. Of the latter, scarcely 100 were operated upon within the first thirty-six or forty-eight hours. The rest were from three to six days old. Five hundred and sixty lesions were limited to the appendix and from these there was only one death. In 281 cases there were encysted peritoneal abscesses. In this group there were only three deaths. One hundred and sixty-five cases were operated upon in the stage of localized peritonitis, the appendix having ruptured. In these there were eight deaths. In 169 cases of more or less generalized peritonitis operated upon there were 25 deaths. There were, therefore, 3,953 operations and of these 2,617 were performed in the febrile stage of the condition with a total of 83 deaths, a mortality of 3.5 per cent.

From the figures given the author concludes that operation is the best method of treating appendicitis in any stage and that the surgeon should not regard any law which limits it to the first thirty-six hours. The sooner the operation is performed after the beginning of the condition, however, the better the results.

The operative technique advocated is simple. The abdominal cavity is opened and a digital exploration made of the inflammatory area. This is isolated by compresses from the surrounding intestinal loops and unless bound down by adhesions is brought to the surface where the operation is completed. With the appendix, the omentum and inflamed tissues are also resected. The stump of the appendix is then touched with tincture of iodine and the wound drained. Re-



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covery was normal whether there was suppuration or not. After the operation the patient is put in the Fowler position and treated with the Murphy drip.

The author emphasizes the fact that often the development of peritonitis may not be suspected. After an acute period there is a lull in the symptoms and the condition appears to be improved. This lull, however, is deceptive. The peritonitis following perforation or rupture of the appendix is at first confined to the lower part of the abdominal cavity but slowly reaches the level of the umbilicus and as a rule operation will then be too late. It is therefore important that the surgeon should be on guard so as not to be deceived by a temporary remission of the acute symptoms.

In Témoin's experience there is one sign which makes the real condition manifest. If when the abdomen is palpated with the hand flat upon the abdominal wall and beginning at the left iliac fossa, a distinct pain localized on the left side is elicited rather than a sharp pain on the right side, the presence of pus in the lower pelvis can be affirmed.—*Surgery, Gynæcology and Obstetrics.*

Adiposis Dolorosa (*Progres Med.*)

A case of typical adiposis dolorosa in a girl of 16 whose menses had been suppressed for several months showed pains returning at monthly intervals. Under ovarian treatment the clinical picture changed for the better. After two years menstruation returned, whereupon the paroxysms of pain were much less pronounced. The pituitary region seems to be normal, as also the thyroid. Another case, a young officer, had developed at about 16 years of age small absolutely symmetrical movable lipomas on the forearms; nothing else pathologic was found. The lumps are only slightly painful.—*The Journal of Nervous and Mental Disease.*

Pernicious Anaemia

The etiology of pernicious anæmia is unknown, the early symptoms are indefinite, and by the time the diagnosis can be made the condition is incurable. The disease may be described as a progressive degeneration of the red blood in which there is a loss of blast cells or mother cells of the erythrocytes;

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the blast cell when lost is not replaced. In contrast to splenic anæmia which is of the secondary type, the blood-picture in pernicious anæmia has characteristic cells which mark the disease. If it might be asserted that in cases of pernicious anæmia in which the hæmolysis is most marked the patient has a greatly enlarged spleen or that the spleen exhibits definite pathologic changes, a direct connection between the enlarged spleen so often found and the disease would be established. Unfortunately, experience does not support this hypothesis and the size of the spleen does not seem to bear definite relationship to the severity of the disease. After death from pernicious anæmia the necropsy as a rule shows a small spleen, but in two cases only was the spleen below normal (195 grams, Sappey) at operation, and both were terminal cases.

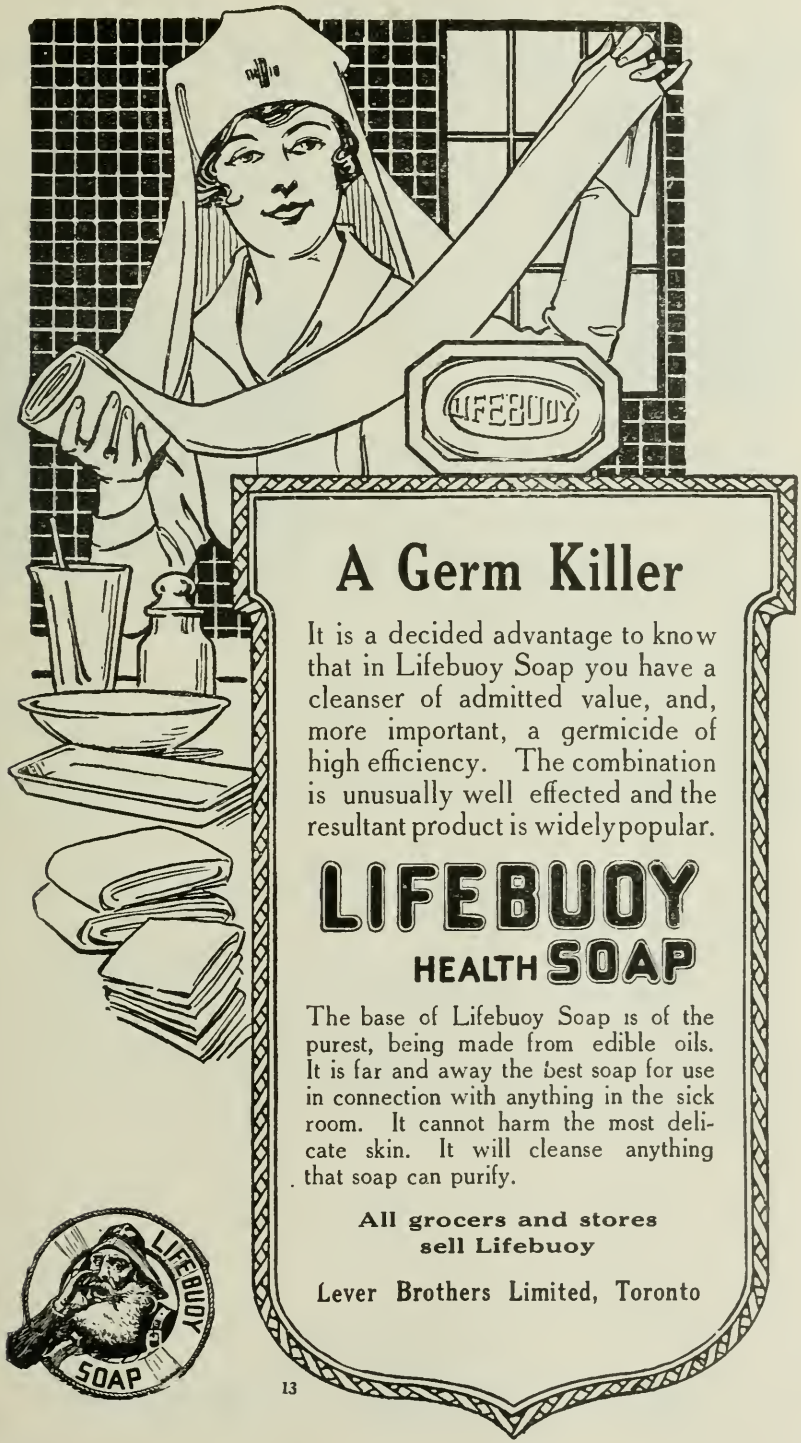
The average weight of the spleen removed in the series of cases of pernicious anæmia reported was 400 grams, exclusive of two large spleens, one of which weighed 2,220 grams and the other 1,600 grams.

Any form of treatment for pernicious anæmia may prove or at least may appear to be beneficial. Even without treatment such patients have their ups and downs. Therefore in pernicious anæmia splenectomy is not based on sound reasoning and there seems to be little foundation for the belief that the procedure will cure the condition. In the investigation of the cases of splenectomy for pernicious anæmia in this series, however, great though temporary improvements were noted. There was a gain in weight and an improvement in the blood from an average hæmoglobin of 38 to 72 per cent., and in the number of red cells from 2 to 4 million. Splenectomy seems at least to have instituted a means of effecting marked palliation.

Since there is an operative mortality, good reasons must exist for substituting operation for repeated blood-transfusions. Fifty patients with pernicious anæmia have been splenectomized with three deaths (6 per cent.). Like those given for splenic anæmia, these statistics also extend to Dec. 31, 1918, and include as operative deaths, the deaths of all patients who died in the hospital, without regard to the cause or the length of time that had elapsed since operation.

Hæmolytic Icterus.

Hæmolytic icterus has not been classified with the anæmias although the peculiar splenic activity results in an anæmia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which is the cause of death. As in splenic and pernicious anæmia, the etiology of hæmolytic icterus is unknown. The well-developed case of hæmolytic icterus stands out with a vividness unequalled in splenic anæmia and pernicious anæmia. The characteristic features of hæmolytic icterus are an enlarged spleen, chronic jaundice with exacerbations, normally bile-colored fæces, and absence of bile in the urine.

It is certain that in hæmolytic icterus the spleen destroys the red corpuscles unnecessarily; the enlargement of the spleen may be in the nature of a work hypertrophy. Enlargement of the liver is usually present and may also be a work hypertrophy. In some of the cases in this series sections from the liver showed definite hyperplasia of liver cells.

Hæmolytic Icterus and the Liver.

In hæmolytic icterus an occasional case is found in which there is associated biliary cirrhosis. The enormous destruction of red corpuscles in the spleen inundates the liver with blood pigments and renders the bile thick.

The viscid bile in hæmolytic icterus tends to form gall-stones. Sixty per cent. of all patients with hæmolytic icterus operated upon had associated gall-stones and all the possibilities of biliary duct infection. It may be understood readily why biliary cirrhosis is sometimes associated with hæmolytic icterus and why the two diseases have been confused. Hæmolytic icterus has been most often confused with the elusive syndrome termed "Hanot's cirrhosis" which so far as is known has no pathologic or clinical foundation.

The triumph of splenectomy is the cure of hæmolytic icterus. Only patients in a terminal condition with secondary gall-stones and cirrhosis of the liver fail to be relieved. The only patient lost of the 27 splenectomized for hæmolytic icterus was one who was operated upon during an acute exacerbation.—*Surgery, Gynæcology and Obstetrics.*

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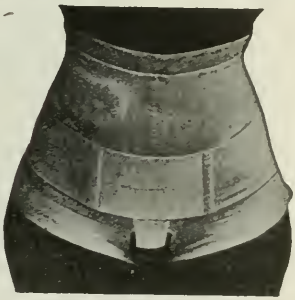

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Miscellaneous

The New Bacchus

No longer should artists—at least American artists—represent Bacchus astride a wine barrel—the little god should be depicted astraddle a "patent medicine" bottle. While no statistics are at hand—largely because those who could collect such statistics are not going to publish them—on the increase in the consumption of the numerous highly alcoholized "patent medicines" since the advent of national prohibition, there is no question that the sales of these products have been mightily augmented. As every physician and pharmacist knows, there are on the American market a number of widely advertised and extensively sold "patent medicines" whose most potent ingredient is alcohol. All such preparations, of course, contain, in addition to the alcohol, certain drugs on which the manufacturers base their therapeutic claims. These drugs, in nearly every instance, are either harmless or, if potent, are present in such small quantities as to have a negligible physiologic effect.

The problem of controlling the sale of these alcoholic medicines can be satisfactorily solved in only one way and that way is to prohibit the use of alcohol in preparations of the "home remedy" type, that is, in those products which are sold indiscriminately to the public for the self-treatment of disease. Such action has already been taken with reference to a drug like cocain, for instance, and in a modified form with reference to opium and its derivatives. Alcohol is a powerful drug. It is likely to be misused; so likely, in fact, that the United States has decided it is too dangerous to be used for beverage purposes. If alcohol is to be used for medicinal purposes it should be under medical supervision.

The manufacturers of "patent medicines" of the alcohol type all deny that the alcohol is present for its drug action; it is used as a "solvent" or as a "preservative" or "to prevent freezing" or for some other reason. They argue that certain drugs can be extracted only by means of alcohol. This is true. It is equally true that after these substances have been so extracted, the alcohol can be evaporated and the drug principles that are left can be put up in the form of tablets or capsules. In many instances glycerine can be used as a solvent where a liquid medicine is desired.

One of the chief arguments put forth by the manufacturers

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of alcoholic "patent medicines" is of the *ad hominem* type. They declare that physicians prescribe tinctures, fluid extracts, etc., which contain alcohol in varying amounts. Very true. Physicians also prescribe such dangerous drugs as cocain, morphine, strychnine and arsenic, when in their judgment such drugs are indicated. This is no reason, however, why dangerous drugs should be sold indiscriminately to every Tom, Dick or Harry who has a pain or who, by reading nostrum advertisements, has been made to think he has a pain.

The hub of the whole thing is that none of these alcoholized "patent medicines" would have any vogue were the alcohol removed; neither would such removal affect the therapeutic value—real or suppositious—claimed for such products.—*From Journal Amer. Med. Assn.*

Healthy Old Age

Healthy old age, though rare, is occasionally met with. We are familiar with the octogenarian, nimble in mind and body, and little, if at all, inconvenienced by obtrusive disease. The late Mr. Gladstone is a classical instance: the evening of his life was but little burdened by the disabilities of age; he had passed his eightieth year when he introduced the Home Rule Bill.

It will be remembered that during Mr. Gladstone's last premiership Sir Stafford Northcote (afterwards Lord Iddesleigh) led the Opposition. These two statesmen offered a striking contrast: Gladstone, nimble, alert, and full of fire; Northcote, slow, urbane, and emotionally irresponsive. One can hardly doubt that their temperamental differences were the result of differences in endocrine function. The one was of the *hyper-*, the other of the *hypo*-thyroidal type. Judging by the political cartoons of the period, the latter statesman must have suffered from some degree of paralysis agitans. Another eminent politician of that time displayed the facial and temperamental characteristics of mild myxœdema.—*The Medical Press.*

Heredity and Drunkenness

A film play is now being shown, in which the plot turns upon the inheritability of drunkenness. The father of the heroine dies from drink. He leaves a letter directed to his daughter, informing her that his father, his grandfather, and his great-

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grandfather were all addicted to the same vice, and begging her to consider seriously whether, under these circumstances, it were wise to marry the man to whom she is betrothed.

Her fiancee assures her that there is no ground for believing that drunkenness is inheritable, that this belief is no more than an idle superstition. After much searching of heart she yields to his passionate entreaties, and the wedding day is fixed.

The eventful day arrives, and the bride, fully arrayed in bridal garb, is just about to leave for the church, when, chancing to look out of the window, she sees a drunken woman reeling along, a little child beside her. Horror-stricken she recalls her father's warning, and to the dismay of the impatient bridegroom, she cancels the wedding, and the pair go off on their several ways.

However, after a few years of vicissitudes they come together again and, having persuaded themselves that the belief in the inheritability of drunkenness is but a superstition, they get married after all.

This view of heredity is, of course, a travesty of the truth. It is doubtless true that many drift into drink, without any special inherited proclivity, but when we find drunkenness rampant in four successive generations of a family, it is difficult to ignore the hereditary factor. If plays set out to point a moral, care should be taken that the one moral is pointed.—*The Medical Press.*

Some Thoughts for Nurses

Art, music, drama, travel, hobbies of every kind, the progress of the human race, and the aspirations of the inventor—all that interests the cultivated intelligent man or woman—how wonderful if nurses had time for these things! Miss Milne has eloquently opened up the possibilities of the local centre, and lucky, indeed, are the nurses who will have such opportunities as she outlines. But torn betwixt two sets of values, some of us find we are unable to throw ourselves heart and soul into the establishment of either.

One ideal practically demands that a woman who decides to be a nurse shall forsake the world of healthy men and women, shall give up all pursuits and interests outside the hospital walls, and be almost as completely cut off from normal life as if she had entered a convent. Beautiful, pure, attractive

to some natures as this may be, is it really desirable? Possibly only in a training-school large enough to form a little world in itself, is it wise even here? Is it expedient from the point of view of the profession?

Keenness, gentleness and strength, patience, hard work, accuracy and attention to detail, powers of observation, kindness and unselfishness, consideration, and understanding—all these we need as nurses, but we need them also as tennis-players or partakers in sport of any kind, as musicians or singers, actors or artists, needlewomen, literary students—in short, as human beings.

Nurses devoted, patient, conscientious and whole-hearted let us be, seeking not our own but another's good. Women let us also be, responsive, alert, intelligent, every ready to assimilate new impressions and to see wider points of view, alive to the beauty and richness of the world around us and to the infinitely varied manifestations of life.—*The Hospital.*

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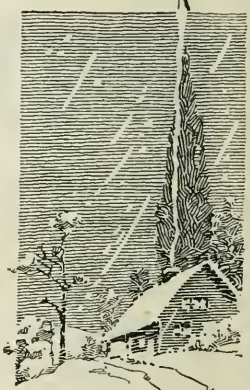

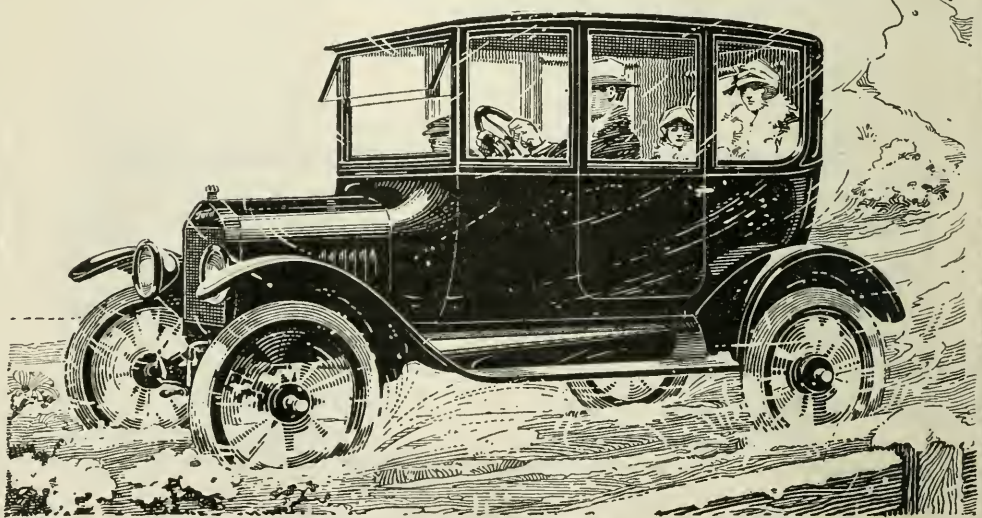

The Canadian Practitioner and Review

Vol. XLV. TORONTO, FEBRUARY, 1920 No. 2

Original Communications

HEADACHES OF OCULAR ORIGIN*

By Dr. W. W. Wright.

A considerable proportion of cases sent to the ophthalmologist are referred to him on account of headache in order to determine whether the ocular apparatus is an etiological factor therein. Few symptoms are of more importance and moreover there are few conditions that will more largely tax his diagnostic and therapeutic resources.

There is no doubt that there is a strong inclination on the part of those who have adopted some particular branch of medical study as a so-called specialty to look at any symptom from the somewhat narrow point of view of that particular branch. For this reason and if we are to be of the greatest service to our patients I feel that the ophthalmologist as well as the physician should have a general working knowledge of headache.

When one reads the advertisements in the press or even as some one has aptly called them "those loose and semi-hysteric accounts" that crop up in medical literature one is apt to think of every headache as due to eyestrain and its uniform treatment a pair of glasses. This is of course far from the mark. Nevertheless I think it is a fact that some abnormal condition of the ocular apparatus is the commonest cause of frequent headaches. It is said by one authority that of all forms of headache probably not less than 40 per cent. are due to the ocular element while of all bilateral frontal headaches 75 per cent. are due to that cause.

In the remarks that follow I do not propose to consider as a headache those pains that arise from inflammation of the anterior part of the eye as e.g., iritis. The pain here, some-

*Read at meeting of Academy of Medicine, December 9, 1919.

times so severe as to keep the patient awake throughout the night, is located in the eye and radiates from there to the surrounding parts especially to the forehead. In these cases the accompanying injection, the photophobia and tearing etc., at once direct one to the eye as the source of the trouble.

There are many points in a carefully taken history that will be for or against the eye as an etiological factor. Let us consider these. First as to the location, headache from eye strain is most frequently frontal, next in order of frequency deep orbital, then fronto-occipital, then temporal. Purely occipital headache is seldom due to the eyes. Again it is nearly always bilateral, although frequently more severe on one side than the other and although it is stated that the severer pain is found on the side of the worse eye, this is, in my experience, by no means necessarily the case as I have repeatedly found it the other way. The headache of eye-strain is seldom severe or accompanied by nausea or vomiting. Probably the most generally useful diagnostic point is the fact that these headaches usually follow prolonged and continuous use of the eyes, particularly for near work, such as reading, writing, sewing, fine painting, the use of the typewriter, typesetter and numerous other modern machines which demand a maximum of close attention. This point has been particularly brought home to me since examining the vocational students of the Department of Soldiers Civil Re-establishment. Out of the two hundred odd vocational courses the vast majority of the men referred for headache have come from the vocations demanding much use of the eyes for near work such as plan reading and estimating, the various technical courses, shoe repairing, the business college course and above all the machine operator. In this connection also it was very interesting to note the lack of headache in the Army. Many men found that after a time they were able to get along very comfortably without their glasses which in civil life they had found a necessity.

In other cases again much use of the eyes for distant vision will bring on a headache. Here motion especially of a panoramic nature seems to be the essential factor e.g., an ocular headache is often the result of a shopping expedition, a crowd, a railway or motor journey or an evening at the theatre especially at the movies. In fact it is quite a sign of the times the number of people that complain either of not being able to read the explanations thrown on the screen or complain of a headache whenever they go to the movies.

Now if we accept this excessive use of the eyes as a necessary factor in headache from eye-strain it explains certain other characteristics. It is practically always a day headache. It does not keep the patient awake at night and he seldom wakes with it in the morning because when the use of the eyes is discontinued the reflex pain stops.

Observation of the eyes will frequently help to point to eye-strain as the cause of the headache. There is often some blepharitis or congestion of the palpebral and bulbar conjunctiva or there may be a tendency to photophobia or watering. On the other hand, it must not be forgotten that photophobia may be a marked reflex symptom of headache from other causes.

All these clinical points are of importance because inasmuch as the proportion of normal eyes is small, in the presence of headache one cannot always judge from the local findings alone whether one is dealing with a patient in whom an unstable nervous system is reacting to an otherwise insignificant irritant in the form of a slight ocular defect. In a definite case however our ultimate diagnosis depends mostly on a thorough and careful examination of the refraction and of the muscular apparatus both intra and extra ocular. This examination should also of course for obvious reasons include an examination of the fundus.

The conditions that cause eye-strain are errors of refraction, anomalies of accommodation and convergence and disturbances of muscular equilibrium, the so-called heterophorias. Of the errors of refraction, hypermetropia and astigmatism are the great offenders. Simple myopia on the other hand seldom causes headache as the patient can see well near at hand and cannot by any effort see well in the distance. The same is true of the very high degrees of hypermetropia and astigmatism—their disability is too great to overcome and so they do not try. Of the heterophorias the most troublesome are hyperphoria and exophoria, the latter frequently combined with weakness of convergence.

How do these conditions cause headache? We know that the ciliary, recti and oblique muscles endeavor to bring about effective vision under all conditions and that in abnormal refractive and muscular conditions there is an extra and prolonged effort on their part which causes certain symptoms prominent among which is headache. It is supposed that these extra efforts irritate the third nerve nuclei and reflexly the nuclei of the trigeminus. This theory fails to explain a number of points.

however, about ocular headache, in fact it is very difficult to evolve any theory until we first have answered the question—"What is headache?" Dr. John Dunn has worked out a very interesting theory which he published in the March, 1918, number of the *Archives of Ophthalmology*. The basis of Dunn's theory is that all headache is caused by an increase of intra-cranial pressure and that this intra-cranial pressure is regulated by the posterior lobe of the hypophysis the secretion from which passes into the third ventricle. He explains headache from eye-strain by a disturbance of the normal pressure upon the retinal ganglion cells causing reflexly a disturbance of the secreting activities of the posterior lobe of the hypophysis. As worked out this theory is very plausible but is based on a number of hypotheses which have not so far been verified by any experimental work. The question of treatment of these conditions is a very big one which I think is somewhat outside the field of our discussion to-night. Broadly speaking it consists in correction so far as possible of the underlying abnormality by glasses containing spheres, cylinders or prisms, by muscular exercises or in extreme cases of disturbance of muscular equilibrium by operation.

A FORMER EPIDEMIC OF SMALLPOX IN TORONTO

By Dr. Adam H. Wright, Toronto.

In my medical student days in Toronto, there was a serious epidemic of smallpox in that city which was said to have commenced in 1870. So far as I have definite knowledge there was an outbreak of a virulent type in the latter part of 1871. I was told at the time that there was what was called a mild form of the disease present from about the middle of 1870 which had continued for rather more than a year. It was evidently very like the present epidemic in Toronto. Suddenly, without any warning, a malignant type developed during Christmas week of 1871. A young woman who had been a chambermaid in a down-town hotel, was brought into the General Hospital with a disease which turned out to be smallpox. The house surgeons at the time were medical students, Abbott and Robinson. Abbott contracted the disease and was seriously ill for some weeks. Although the patient was placed

in a separate ward, and isolated so far as possible and vaccination was commenced, eighteen patients out of a total of about 100, contracteed smallpox and of these nine died. Early in February, 1871, a building north of the old gaol which had been hurriedly prepared, was opened and used as an isolation hospital and the house surgeon who had not contracted the disease, now Dr. R. H. Robinson, of 532 Palmerston Blvd., Toronto, was placed in charge, and remained there about two months. After his retirement, the late Dr. Riddell was placed in charge. During Robinson's regime, about 120 smallpox patients were admitted, and of these about forty died.

Thus within three months there were about fifty deaths in the main building and its annex. This virulent form continued in Toronto during the whole year of 1872 and it was estimated, so far as I can remember, that there were altogether 200 deaths.

When we consider the present epidemic which is very similar to that of 1870, we ought to realize that a grave peril exists at the present time and a malignant type of the disease may to-morrow replace the mild type of to-day and we should take serious thoughts of the possible consequences.

Toronto now has a population ten times that of 1872 and a proportionate mortality would now be about 2,000. Let us hope however that we are much better protected now than were the inhabitants in former days. Still it is probable that the advent of the severe form would cause at least 500 or 1,000 deaths. In those days the facilities for vaccination were to some extent limited by the insufficiency of the supply of vaccine lymph prepared from what were known as healthy smallpox crusts or "scabs;" but a successful "take" then, was similar to that of to-day, and the beneficial results were then so apparent that it was universally believed that successful vaccination made a patient immune to smallpox even under the worst of sanitary conditions in their homes. I, myself, after careful observation, had no doubt about the efficiency of successful vaccination, and my experience afterwards when I acted as assistant to the late Dr. Corey of London, England, in his vaccination station at St. Thomas' Hospital, for three months in 1877, tended only to confirm my optimistic views.

THE RELATION OF CANCER TO THE PROLONGATION OF HUMAN LIFE

By W. J. Mayo, M.D., F.A.C.S., Rochester, Minnesota.

THE RELATION OF SURGERY TO THE PROLONGATION OF HUMAN LIFE.

The arch enemy of middle age and beyond is cancer, and our measures both for prevention and cure have not advanced in proportion to the increasing need. One woman in eleven and one man in thirteen die with cancer and this proportion of cancer deaths will be maintained in the enormously greater number of persons who reach the cancer age. We must spread more widely the knowledge that chronic irritation is the great underlying cause of the disease. Whenever a certain type of cancer exists in a race of men or in a country with great frequency as compared with other races or countries, it is due to a single cause, usually a social custom. Good dentistry has eliminated a percentage of cancers of the jaw due to the irritation of defective teeth. Cancer of the lip and tongue is on the increase as the habit of smoking is on the increase in both sexes. It seems to be a well-established fact that in the countries in which the breasts are allowed to remain exposed to the air without covering, cancer of the breast is extremely rare and the incidence is in direct ratio to the amount of covering of the breast and the pressure exerted on it.

Thirty per cent. of all cancers in men and 21 per cent. in women are in the stomach. The influence of drinks too hot to be held comfortably in the mouth in the production of the chronic irritation precedes the development of gastric cancer seems probable. Unfortunately, we know less about the causes of cancer of the large intestine and rectum. Diligent search should be instituted to enable us, through knowledge of local causes, to reduce the number of such cases.

Operations for cancer. The majority of cancer patients come to operation too late to be cured. We cannot always demonstrate inoperability in a given case, and therefore operation must be done in many questionable cases to give the patient the benefit of the doubt. The mortality in the favorable cases, of resection of the stomach, for instance, is low, but some of the most extensive resections result in cures, although with a greatly increased risk. The paradox of increased experience

accompanied by higher operative mortality and a smaller percentage of cures is seen; the explanation lies in the increased operability. The surgeon who reports only percentages of operative death rate and of cure without stating operability, gives us little information. We found that when we operated on only about 25 per cent. of the patients with cancer of the large intestine and rectum, the mortality was about 8 per cent. and the cures of the patients operated on about 50 per cent. for a five-year period, but only 13 of the 100 patients were cured; 75 were considered hopeless at the time of examination and were not subjected to operation. Gradually the percentage of patients operated on was increased. The mortality advanced to an average of 12 per cent.; the percentage of five-year cures dropped to 37 per cent., but we had 27, instead of 13 of the total 100 patients examined, alive at the end of five years.

I have been impressed with the fact that too little attention has been paid to traumatic transplantation of malignant cells during operation. Rough handling of the growth loosens cells which may become grafted on any surface denuded of its normal covering. A considerable percentage of adenocarcinomata of the ovary is due to spontaneous grafting of cells having their origin in cancer of the stomach. These cells are grafted on to the break in the ovarian surface due to the discharge of the ovum, and the secondary infection in the ovary, by rapidity of growth, may mask the primary disease. Transplantation may occur by gravity to the bottom of Douglas' pouch, the malignant cells becoming attached to the terminal epiploic tags. This produces the typical nodules so readily noted on rectal examination, and which make possible a diagnosis of metastatic carcinoma and inoperability even when the primary focus is unknown.

In our early cases of vaginal hysterectomy for cancer of the cervix we rarely had a cure. The carcinomatous cervix was grasped with vulsellum forceps, traumatizing the tissues during the removal of the growth, and local recurrence resulted. We then began doing all vaginal hysterectomies with the cautery knife and many five-year cures were obtained. The cautery method has a field of usefulness in selected cases. We found that the excessive dilatation of the vagina, preliminary to the use of the cautery, made many fissures in the vaginal mucosa. In two of our cases carcinoma developed in these vaginal fissures from cells deposited there, although there was no recurrence at the site of the original neoplasm.

Carcinoma of one wall of the rectum, exercising eroding pressure on the opposite wall, may cause secondary growth. In carcinoma of the large intestine, by reverse peristalsis, carcinoma cells may be carried upward and become transplanted above as well as below the original growth. In one of our cases a preliminary colostomy was performed, and at the end of two weeks, while there was still a little granulating surface around the colostomy wound, the rectum was removed from behind. Carcinoma cells were evidently detached, carried upward, and deposited on this prepared field, with the result that secondary carcinoma occurred, which was confined to the margin of the colostomy wound. Operative methods must be devised that will more effectively prevent cell transplantation as well as the traumatic detachment of cancer-infected thrombi into vascular channels—a complication which frequently causes postoperative metastatic carcinoma of the liver and lungs.

Radium, the X-ray, or the cautery as an aid to surgery in the treatment of cancer. The use of various agents to extend operability, prepare the cancer field for operation, and as after-treatment to reduce the percentage of recurrences, must be further considered.

The normal cell has three periods of existence: growth, function and degeneration. The normal cell, in the first period, undergoes division for the purposes of growth. During the period of function reproduction is most active. The malignant cell has no period of function, its entire reproductive activity is thrown into the first stage, and only the embryonic growth cell is produced. The normal functioning cell as part of the community life is protected by the entire organism of which it is a part. The nervous system, the blood, the lymphatics, are all a part of this protective mechanism. The malignant cell has no such protection; it is five times as vulnerable as the normal cell and is treated by nature as a foreign body. Malignancy is the property of the cell; the stroma is not a part of the neoplasm, but is the measure of nature's defence.

Malignant cells will sometimes be found encapsulated in the tissues of an operative field from which a malignant neoplasm has been removed. Occasionally through some agency, such as traumatism or general disease, the retaining wall breaks down, and metastasis occurs after many years of apparent operative cure. Radiotherapy destroys cells for a certain distance, but cells are sterilized at a greater distance so that their reproduction is checked, and connective tissue is caused to de-

velop, which acts as a barrier to the further extension of the malignant process. Radiotherapy often fails when malignant cells become attached to the walls of the three-coated blood-vessels from which they draw sufficient nourishment to withstand its effect.

Radio-active substances give great promise for the future. I would include with radium and the X-ray, the radiant energy of heat. For some years the X-ray has been used more or less following operation, and it is believed that the percentages of recurrences, for example in the skin, after operations for cancer of the breast have been materially reduced by this means. We have greatly extended the use of radium, and have obtained good results in the last three years, especially in inoperable carcinoma of the large intestine and upper rectum. A colostomy is made as close as possible to the growth, and through it radium is introduced directly into the lumen of the carcinomatous area. In the stomach, by means of a Witzel gastrostomy and the introduction of a tube into the cancerous area, radium may be directly applied, and the patient can be temporarily nourished by means of a jejunostomy.

Radium and X-ray are more or less selective in their action. Masses and bands of scar tissue are produced which delay the advance of the growth, but make subsequent late operation difficult and often ineffective. Heat is not selective, and the scar tissue resulting, while effective in preventing progress of the cancer, does not interfere so seriously with late secondary operative procedures. Radiotherapy has justly achieved a reputation in the post-operative treatment of cancer. It would appear, however, to have its greatest field of usefulness in preparing a malignant area against wound grafting during operation and its ability, at least temporarily, to reduce the vitality of the malignant cell. Radiotherapy whether applied as radium, X-ray or heat, sickens malignant cells beyond the area of destruction. During this period of cell sickness their resistance is reduced and operation is most efficient, but operation should not be delayed after radiotherapy, since the period of increased cell vulnerability is short and the connective-tissue development which interferes with subsequent operation is rapid. By properly combining radiotherapy with surgery, we can increase operability, lower mortality, and increase percentage of cures.

Suggestions concerning cancer research. It is probable that there is a measure of immunity against cancer in all persons,

and that this is sufficiently great in some to prevent them from having cancer. I have on several occasions been unable to remove all of a cancerous growth and, to my astonishment, the patient has remained well for a term of years. A search for the cause of such immunity and a means of increasing it is greatly to be desired. The more primitive and important the function of an organ the greater its immunity. The two most primitive functions are the maintenance of the body and reproduction. The small intestine is primitive and seldom is the seat of new growth; the large intestine has a short heredity and is a frequent seat of neoplasm. The testicle is primitive, and is seldom the seat of neoplasms; the ovary is descended from the testicle, has a short heredity, and is a frequent seat of neoplasms.

The surgery of the past has been concerned largely with gross pathologic conditions. As our knowledge has increased diagnosis has improved, technique has advanced, and pathologic conditions are coming to operation much earlier. Surgery strives by every means within its power to reach pathologic processes before they have become gross, and the time is not far distant when treatment may, in some instances, be applied so early in the stage of deviation from the normal that surgery may be unnecessary.

Abstract sciences are being called to our aid, and scientific facts, apparently unrelated, are beginning to be understood in their relation to medicine. Much may be expected from bringing certain of the abstract sciences, especially physics, to aid biochemistry in giving us a better understanding of physiology and pathology.

In 1828 Brown, the botanist, pointed out that minute bodies of all kinds, when suspended in gases and liquids, are in constant motion. This movement of minute particles took the name of the Brownian movement. Thomas Graham, Master of the Mint in London, in 1861, called attention to colloids, showing that they are matter in a special state of subdivision, which makes each colloid particle an entity, but that except as to its physical state, the matter is unchanged. It has been shown that these colloid particles are endowed with movement, and that while they are not visible, they are of sufficient size to reflect rays of light, as seen in an ultramicroscope. The movements of the colloids Graham recognized as being the movements described by Brown. Physicists have now shown that all matter is in motion, and that those particles more finely

dispersed than colloids have even more rapid motion, but since the tissues of the body are matter largely in a colloidal state, we are interested principally in this type of energy. In colloids there is energy, and when the colloid particles change into a less dispersed state, for instance when a cloud which is water dispersed in a colloidal state in the air gives forth rain, the contained energy of the colloid, if the change is sufficiently sudden, is shown as thunder and lightning. The tissues of the body are in a colloidal state and retain their form and energy, while the non-colloidal elements of the blood, such as sugar and amino acids, diffuse through the tissues, furnishing food which is utilized by the tissue colloids after the manner of an internal combustion engine.

The biochemists have shown that when certain substances are in the colloidal state they are more toxic than when they are in other conditions, and this peculiarity has been attributed by some physicists to the energy contained in the colloid body. Certain substances in a colloid state are toxic, but in other states the same substances have no such property. An enzyme is believed to possess energy in part because of the great activity of its colloidal elements, and thereby to bring about chemical changes. It has been suggested that colloid represents energy in life, as radium represents energy in matter. The physical state of matter may influence those early changes which may result in cancer. The benign cystoid appendix, the escape of its colloidal contents from an aperture in the wall of the appendix into the peritoneal cavity, resulting in grafting of hypoblastic elements upon the peritoneum—pseudomyxomatous peritonitis, myxomatous peritonitis, colloid peritonitis, and eventually cancer—are a series of steps which are rather common examples of those processes which are related to the colloidal state. It might be assumed, perhaps, that the physical activity of colloidal particles attacks the tissues and prepares the field for grafting. Again, it may change the nature of the disturbed mucous cells in the cystic contents of the appendix, and thereby set in motion a series of events which result in cancer. Such changes are often seen in the ovary and not infrequently in the mucous surfaces of the large intestine and rectum or any part of the body.—*Surgery, Gynæcology and Obstetrics.*

Editorials

SMALLPOX IN TORONTO

The epidemic of smallpox in Toronto does not appear to give the authorities much concern, and we regret exceedingly that they refuse to comply with the requirements of the Government Vaccination Act.

Section 12 of that Act says in part: "In every municipality where smallpox exists the council shall order the vaccination or re-vaccination of all persons resident in the municipality who have not been vaccinated within seven years." When requested by the Local Board to order compulsory vaccination as required by the Act, the majority of the Council refused to do so. This refusal was reported to the Provincial Board of Health, and the latter brought an action against the Council, and asked for a mandamus to compel the latter to issue an order prescribing compulsory vaccination. Mr. Herbert Mowat, acting for the Board, first appeared before Mr. Justice Sutherland in the Supreme Court of Ontario. The Judge held that the Provincial Board had not a status to make the application, and then added something which no one appears to understand: that a mandamus can be applied for against the Provincial Board, but not by the Board.

An appeal was considered by the Divisional Court a few days later, the judges being Mr. Justice Riddell, Mr. Justice Middleton, Mr. Justice Latchford. Some members of the court expressed the opinion that there had been deliberate and wilful disobedience of the law by the city, and declared that

the only question before them was whether the Provincial Board had any status to apply for the order of mandamus.

Mr. Geary, the City Solicitor, in his argument, pointed out that the Provincial Board had been given power to investigate and exercise oversight, but had not been given any power to carry its regulations into effect.

Judge Latchford asked: "There is no power expressly given to compel the municipality to do what the statute says?" Mr. Geary: "Certainly not." Judge Riddell: "Then if the municipality refuses, the Board is helpless?" Mr. Geary: "Precisely."

The appeal was dismissed, but the Court did not entirely hold with Judge Sutherland that the Provincial Board had not a legal entity, and with it a right to court.

In the judgment, Judge Riddell, Chairman of the Court, said: "It has been suggested that the Local Board of Health should join in the application as at present advised. I do not consider that the case would be advanced by such an addition. I fail to see the legal specific right of this body to a mandamus, but in view of the fact that an election has been held and a new Council is about to take office, I think it best not to allow the Local Board of Health to join in the present application if so advised. The applicants have acted in good faith, and in the public interest, and it is not a case for costs. The attention of the Government should be drawn to the defect in the Act. For that purpose a copy of the judgment will be sent to the Attorney-General for the information of himself and of his colleagues."

TORONTO GENERAL HOSPITAL

This institution is now one hundred years old. The original hospital was erected on the corner of King and John Streets, largely as a tribute to the men who fell in the War of 1812. It was made possible mainly through the efforts of what was known as the "Loyal Patriotic Society of Upper Canada." In 1855 what was known as the "Old General" was opened to receive patients.

For many years it had rather a precarious existence, but it continued in operation until 1868, when it became so embarrassed financially that it was forced to close its doors in August of that year.

The city then decided that it should help the hospital; the Government also offered some assistance, and it was reopened the following year.

For many years it was successful in every way, and its success was largely due to the work of such men as W. H. Howland, Judge Patterson, Walter S. Lee, Dr. Charles O'Reilly, for so long its Superintendent, and the ablest administrator ever associated with it, and Mr. A. F. Miller, the painstaking and competent Secretary-Treasurer.

The new Hospital on College Street was opened in 1913.

News Items

MEDICAL RELIEF IN BELGIUM

A meeting of the constituents of the Belgian Doctors' and Pharmacists' Relief Fund was held at the Royal Society of Medicine on December 15th, with Sir Rickman Godlee in the chair, to hear the report of work done in Belgium by the Belgian Committee for the assistance of doctors and pharmacists in Belgium. The Chairman introduced Dr. V. Pechère, President of the Belgian committee. Dr. Perchère began by apologizing for his English, but consoled himself by the thought that the language of the heart was understood by all. As a representative of the Belgian doctors and pharmacists he wished to thank in their name the president and the members of the Relief Committee. He thought it most remarkable that so much money had been collected, seeing that the committee here knew very little of what was being done by the committee in Belgium. The latter had, indeed, made every endeavor to get its reports to England, but too often their attempts were frustrated by the Germans. It was also extremely difficult for the Belgian committee to get to know what was going on in Belgium, because all communication between towns was stopped, and only Red Cross cars were allowed to travel about, and these only after much formality in the way of special permits. Communication between destroyed towns and Brussels was absolutely prohibited, and it was only at a much later date that the true state of affairs in these towns was known. In Belgium itself some £4,500 had been collected, and £4,000 had been received from other places on the Continent. England had sent between £26,000 and £27,000. In all, about four hundred persons had been helped. Five doctors had been murdered by the enemy, and eight pharmacists: about eighty doctors and pharmacists were wounded; a still greater number had been plundered of their all, their houses sacked and burnt, so that they were reduced to the direst extremity. They could not leave the neighborhood, because the population was dependent on them for all medical service. They could not beg, although they were as badly off as the poorest to whom they ministered. In addition to the material discomforts from

which they suffered, they had to put up with mental and moral stress. Separated from their families—for in many cases they had sent these away—they lived in uncertainty as to the fate of their loved ones. The lack of drugs, instruments, and appliances of all kinds was a sore trial, but perhaps the hardest trial of all was having to live under the heel of the hated Prussian. To give an example of the effect of privation on the civilian population Dr. Pechère cited the fact that in 1916 the mortality from tuberculosis had risen from 16 to 34 per 1,000. He could assure all present that he and the people whom he represented, in fact all Belgians, would never forget their debt to England.—*The British Medical Journal.*

COUNTESS PRIMO MAGRI

Countess Primo Magri, better known to the public for over 50 years as Mrs. Tom Thumb, the famous dwarf who travelled round the world several times under the management of the late P. T. Barnum, died November 26th, 1919, aged 77. She was 32 inches in height, and weighed 25 to 30 pounds. She retired from the "show business" about eight years ago, lived thereafter in comfort, and died a wealthy woman.

We understand that Dr. Graham Chambers, Toronto, is fairly well satisfied with the neighbors east of him, but he has his doubts as to the west, since he learned recently that the Inland Revenue Department officers found a modern still, fully equipped, at 18 Gerrard St. E., in a building owned by the W.C.T.U.

The Medical Alumnae of the University of Toronto held a dinner at the King Edward Hotel, Toronto, December 7th. The toasts proposed were: The King, by the President, Dr. Margaret Gordon; The Women Doctors who served overseas, by Dr. Helen MacMurchy; The Undergraduates, by Dr. McAlpine; Women practising Medicine, by Mrs. McConney, and the former Dean of the Women's Medical College, also proposed by the President.

Two resolutions were passed: (1) In favor of better financial appreciation for teachers; (2) In favor of University residences for women students in the different faculties.

The authorities of the University of Toronto say that they earnestly require six new buildings, namely; (1) a Women's Building for physical training, to be the counterpart of Hart House; (2) an addition to the Faculty of Education Building; (3) an additional drafting room for students in Applied Science; (4) a new Medical Building; (5) a new Botany Building; (6) an addition to the heating plant.

Some changes in the Main Building are also contemplated. A new building may be erected for administration purposes. In any case it is thought that the present administration offices must be removed from the Main Building to make room for the congested Arts classes.

Dr. Beattie Crozier, a native of Ontario and a resident of Galt in his boyhood days, studied Medicine in the Toronto School of Medicine, and graduated from the University of Toronto in 1872. Shortly after graduating he went to England and devoted himself to literary work, in which he has achieved distinguished success. His friends, of whom there are still many living in Canada, will be interested in the following letter written by him and published in *The Spectator*, November 29th, 1919:

To the Editor of "The Spectator."

SIR.—In reference to your article on "Social Gifts" in your last number, would you allow me (as a lonely old widower of seventy, partly blind, and with no family at home) to tell your readers how I handle *my* social intercourse? I have each day *a single person at a time* to come to see me in the afternoon for a cup of tea and a talk. But why one at a time? Because I have found from experience, that if two should happen to come in together, whether two women, or a woman and a man, or two men, not a word will pass between us all except of the most trivial social and conventional character, except in the case of two men, but even then with large reserves which, as knowing both, I soon perceived. But on my plan of one at a time, owing to the different angles from which one sees the world and human life, my afternoons are a personal delight to me, and our conversations range over the whole field of serious interests down even to the personal and ephemeral—religion, politics, social and political economy, literature, morals, history—and indeed almost everything under the sun. And all with

the unexpressed implication that everything said is strictly confidential. I hope that some of your readers will follow my plan of "one at a time" and see what comes of it.

I am, Sir, etc.,

John Beattie Crozier, LL.D., etc.,

9 Elgin Avenue W.

A new psychopathic clinic with thirty-two wards has been opened in the Winnipeg Hospital.

It is hoped that an amalgamation of the Protestant General Hospital and St. Luke's Hospital in Ottawa will soon (if it is not now) be an accomplished fact.

It is expected that a new hospital in or near Montreal under the name of the St. Mary's Memorial Hospital, will soon be erected.

Sir William Osler, according to his will, has left his very valuable library to McGill University.

Personals

Dr. T. D. J. Farmer, of Oakville, has gone to Florida, where he will spend the rest of the winter.

Dr. Arthur B. James has opened an office at 48 College St., Toronto, for the exclusive practice of Urology and Syphilology.

Dr. J. H. Radford has been appointed Medical Inspector of Schools in Galt. He has been M.O.H. in that town for some years.

Dr. W. G. Mackechnie has resumed practice at 96 College St., Toronto, and will confine his practice to the diseases of Ear, Nose, and Throat.

Dr. W. Herbert Carveth has resumed civil practice at College and Huron Streets, Toronto, and will devote his attention to the administration of anæsthetics.

Dr. L. Duncan Bulkley and Dr. L. Bulkley Cady, of New York, have removed their offices from 531 Madison Avenue to 39 West 58th Street.

Mr. Frank Davies announces to the medical profession that he has opened a department for medical massage and electrical therapeutics at Room 305, No. 2 College St., Toronto.

Colonel D. W. MacPherson, C.A.M.C., O.C., of the Ontario Hospital at Orpington, England, returned to Canada, December 29th. When war broke out, Dr. MacPherson was ready to take up military duties, and left Toronto two days after the declaration of war, to establish field ambulances at Welland, Ontario. He started for overseas duty late in August, in command of the Second Field Ambulance of the First Division, and his unit was among the first to reach France. His corps organized 45 dressing stations in the war zone, and served through all the early battles of 1915. In the latter part of this year he was recalled to England and placed in command of a Canadian convalescent hospital at Epsom, from which he was transferred to the Orpington Hospital, and he remained in command there until the war closed. As previously announced in THE PRACTITIONER, the Orpington Hospital has been sold to the Imperial Pensions Board, and is now being used for the treatment of soldiers who are under that Board.

Dr. James Third has resigned as Professor of Medicine, Queen's University, Kingston.

Sir Thomas Roddick, of Montreal, is still in Florida, and was fairly well when last heard from. He expects to remain there until May or June.

Dr. Howard H. Burnham (Maj.), who graduated in 1914 and then spent some years in service overseas, has been appointed House Surgeon in the New York Eye and Ear Hospital.

Dr. H. P. Rogers, after graduating in 1913, was in active service in Mesopotamia and Syria for four years. He has returned to Canada, and is now practising in Earlscourt, Toronto.

Dr. C. W. Service, formerly of Toronto, and for some years a medical missionary in China, is now in Toronto, and, after spending a few more weeks in Canada, will probably return to China.

Dr. Archibald McLay, surgeon to the Oxford County House of Refuge, was recently granted a bonus of $100 as a mark of appreciation for his faithful service for many years in that institution.

We learn from the *University of Toronto Monthly* that Dr. R. M. Harvey, who graduated in 1916, is now House Surgeon at the Moses Taylor Hospital, Scranton, Pa., having previously spent three years with the C.A.M.C. in Salonica, France, and England.

Dr. F. J. Colling (Maj.), who spent about four years in active service overseas, has returned to Toronto. After spending three years in the R.A.M.C. he was transferred to the C.A.M.C., and went to Siberia with the 11th Stationary Hospital. He returned to Toronto in December, and is now at 223 Garden Avenue.

Dr. Charles G. Heyd, formerly a Toronto boy who graduated from the University of Toronto in 1905, and from the University of Buffalo in 1909, commenced practice seven years ago in New York City. He went overseas with the American Army as O.C. of a mobile hospital. He returned last autumn, and has resumed practice at 46 West 52nd St., New York City.

Dr. J. R. Miller, who graduated last spring, is acting as surgeon to the Schroeder Lumber Company at Pakesley, Ont.

Dr. Harold M. Tovell, 184 Bloor Street East, Toronto, is confining his practice entirely to the specialty of Roentgenology.

Dr. I. Cohen (Tor. 16), Dr. J. E. Gimby (Tor. 17), and Dr. I. M. Lloyd (Tor. 18) are all practising now in Sault Ste. Marie.

Dr. H. E. Hodgson, after serving overseas, has returned to Toronto and resumed practice at the corner of Bloor Street and Park Road.

Dr. Arthur Ellis, son of Professor W. H. Ellis, Toronto, has returned to England and engaged in work for the British Government.

Dr. W. A. Lowe and Dr. Vernon Greaves, who both graduated from Toronto in 1916, are practising in partnership in Bruce Mines, Ontario.

Dr. Davidson Black, who graduated from Toronto in 1906, is now acting as head of the anatomy department of the Medical University of Peking, China.

Dr. Frank J. Elkerton, late of Etching Hill Hospital, England, is continuing his practice in the Bank of Commerce Building, College and Yonge Street, Toronto, and will confine his attention to Urology.

Dr. Price-Brown passed through Toronto several weeks ago on his way to Los Angeles. It is his intention to remain in California for the winter. On his return he will reside in Toronto, but will not resume the practice of his profession.

Dr. Allan Kinghorn graduated from Toronto in 1904. The following year he went to South Africa and went into the South African Company. He paid a visit to Toronto last autumn, and sailed for England in December on his way to Africa, where he will resume his work with the South African Company.

Obituary

SIR WILLIAM OSLER, Bart., M.D., LL.D., ETC.

The world's most famous physician is dead; and we are, in a way, filled with pride because he was our Osler, but for the moment our pride gives place to sorrow which we have no words to describe. At the same time we are pleased to say the memory of him is sweet beyond expression, and will be forever blessed.

Although as a teacher of medicine for 45 years he worked for only ten years in Canada, about twenty in the United States, and fifteen in England, he was always a Canadian, and as such ever a true "Britisher," but he loved the United States, and that country loved him, and, if it claims a portion of him we should not object.

He was born at Bond Head, Ontario, educated at Trinity College, University of Toronto, McGill University, London, (Eng.), Berlin and Vienna. As neatly expressed by himself at the interesting function held in the Hall of the Royal Society of Medicine on his 70th birthday: "I was born of honest parents; modesty, humility, patience, and veracity, lay in the same egg, and came into the world with me. To have had a happy home in which unselfishness reigned, parents whose self-sacrifice remains a blessed memory, with brothers and sisters helpful beyond the usual measure, all these make a picture delightful to look upon."

At the age of twenty-five he became Professor of Physiology at McGill. While holding that chair for ten years, he also taught Pathology and, for a good portion of the time, Clinical Medicine. In a short time he made such a reputation as a clinical teacher that Philadelphia wanted him, and offered him the chair of Clinical Medicine in the University of Pennsylvania, when he was thirty-five years of age. He accepted, and his reputation soon became world-wide. When forty years of age he was called to Johns Hopkins University, Baltimore, and was made Professor of Medicine in that institution in 1889. Fifteen years later, when fifty-five years of age, he was called to Oxford, where he was made Regius Professor of Medicine in 1904. His success at this grand old seat of learning surpassed, if possible, any that he had ever before achieved, but his duties were certainly very onerous. In ten years came the

war, and he threw all his energies into it, to such an extent that his work was almost if not quite, doubled. His only child, the boy Revere, at once volunteered, and went to the front as soon as he was allowed. Everybody who knew Osler was inexpressibly shocked when the news came that his worthy and beloved son was killed in battle, in August, 1917. The father accepted this staggering blow with calmness and resignation, and, if possible, worked harder after the tragedy than he did before.

At the end of the summer of 1919, his friends thought he was failing in health as he began to look tired and weary. In October he had influenza with pneumonia at the end of the month. He appeared to do fairly well for a time, but a pleurisy which developed became unmanageable, and in December there was empyema. Even then it was hoped that his life might be prolonged, even though an absolute cure could not be effected, but the tide appeared to start in the wrong direction, and he sank somewhat rapidly until death came on December 29th, 1919.

It is somewhat difficult to make extended comment on a character such as Osler's which came so near to perfection. There was also in the man a versatility so extraordinary that anything like a description of it seems hopelessly beyond our power. There is, however, one outstanding feature in his character, which has caused wonder and admiration in the writer of this article for over forty years, and that was his almost passionate love for medical students and young practitioners. His intimate relationship and association with them have always been marked, and the good which resulted therefrom, both to him and them, is greater than one can express in words. He was known everywhere as "the young man's friend." He always held the opinion that (to quote his own words) "it is only those who live with the young who maintain a fresh outlook on the new problems of the world." There can be no doubt that his desire to associate with young men, and to help them was one of the most beautiful streaks in Osler's character.

EDWARD W. SPRAGGE, M.D., M.R.C.S., (Eng.)

There never lived in Toronto a physician more highly respected and more dearly beloved than Dr. Edward Spragge. He was the eldest son of the late Hon. John Godfrey Spragge, Chief Justice of Ontario, and was born in Toronto, in 1843.

After graduating M.D., he went to Great Britain for post-graduate work in 1867, and became M.R.C.S., Eng., and L.R.C.P., Edin., in 1868.

He commenced practice in Toronto in 1869, and continued practising without any interruption until June, 1917, when he had a stroke of paralysis from which he never fully recovered. In addition to doing a large private practice, he was Surgeon in Chief to the Toronto Police Force for over forty years.

Outside his work as a practitioner in medicine and surgery, he was known as a keen sportsman of the highest type. He excelled especially in cricket, and in connection with that game he held a position in Canada very similar to that of the late Dr. Grace in England. He was also a very fine oarsman, a skilled sailor, and an expert tennis player.

Although practically an invalid for two years and a half, it was hoped that the paralysis, which was, to some extent, disappearing, would leave him with sufficient strength to walk about for a few years longer. Unfortunately while his friends were hoping for improvement he suddenly became worse, and passed away peacefully and quietly at his former home, 7 Prince Arthur Avenue.

SIR THOMAS A. FRASER, M.D.

Sir Thomas Fraser, former president of the Royal College of Physicians of Edinburgh, died January 5th, aged 78. He was Professor of Materia Medica in the University of Edinburgh from 1878 until the time of his death.

Book Reviews

Progressive Medicine.—A quarterly digest of advances, discoveries and improvements in the medical and surgical sciences. Edited by HOBART AMORY HARE, M.D., Professor of Therapeutics, Materia Medica and Diagnosis in the Jefferson Medical College, Philadelphia; assisted by LEIGHTON F. APPLEMAN, M.D. Volume IV, December, 1919.

Always the leader in its class, this, the last volume of *Progressive Medicine* for the year, excels all the others. The articles are clear and concise and without exception well written. The section on "Kidney" by Christian is a masterpiece in itself. We are pleased to note that four pages are devoted to radium which has come to occupy an acknowledged place of usefulness. Aikins is quoted from the CANADIAN PRACTITIONER on the treatment of hyperthyroidism with radium—45 cases with clinical cure in 23. The practical therapeutic referendum by Landis is also excellent and in keeping with the high standard of the quarterly.

International Clinics.—A quarterly of illustrated clinical lectures and especially prepared original articles on medical subjects and topics of interest to students and practitioners, by leading members of the medical profession throughout the world. Edited by H. R. M. LANDIS, M.D., Philadelphia. Volumes II and III. Twenty-ninth series, 1919. Philadelphia and London: J. B. Lippincott Company.

The introduction of medical and surgical clinics into these volumes has greatly enhanced their value. The articles, too, have always been of the very best and apropos, as for example the one on Lethargic Encephalitis by Neal in Volume II, and on Influenza Pneumonia in Volume III.

Always of a very high standard, *International Clinics* have greatly improved during the last two years, and are well worthy of the high esteem they have always enjoyed.

Food for the Sick and Well: How to select it and how to cook it. —By Margaret P. Thompson, Registered Nurse. Cloth IX, 82 pages. Price $1.00. Yonkers-on-Hudson, New York. World Book Company.

This is a book of receipts, the result of many years of experience in arranging, changing, and adapting them so as to form a well-regulated diet for the sick and for convalescents, as well as for those who are well and wish to remain so. The only fault here is that too much is sometimes recommended. There are receipts for breakfast cereals, soups, meats, fishes, starchy vegetables, green vegetables, salads and desserts, cakes, and cheese dishes. An additional section of the book devotes itself to treatments such as baths, salt-rubs, poultices, enemas, and douches.

The January edition of *The Prescriber* (Edinburgh) is a very outstanding one. It is more than twice its ordinary size, and contains most recent material in a very concentrated form. A resume is given of advances which have been achieved during the past year in the treatment of the most prevalent diseases. The idea is an excellent one. The diseases are arranged alphabetically, making reference simple. The book is certainly to be most highly recommended.

Selections

Collectanea.

The Psychology of Grief.—There can be no doubt, says the editor of the *Medical Press* in a recent issue of that publication, that for the majority grief is neither deep nor lasting. It is well known that the more violently it is expressed, the sooner it exhausts itself. The writer has for a number of years been struck by the matter of fact way in which the majority of even the well educated—young and old alike—take the death of their near relatives. It is probable that man's activities are but little hindered by grief. The fact is that only a select few are capable either of deep love or deep grief, each of which implies the capacity for the other. Grief for the majority is rarely more than a passing cloud. And much as we may feel inclined to condemn human nature for its shallowness, it is perhaps well that things are as they are, for man's work in the world has to be done. Those seriously minded persons who condemn the merry widow type as heartless and find it difficult to understand why the young bucks who buzz around her are not repelled rather than attracted by her easy forgetfulness of the man she once called husband, must remember Benedick's reluctant conclusion that the world must be peopled.

Many who suppose themselves to be suffering from intense grief have never tasted its true quality. A sure means of gauging the depth of grief is its effect upon the bodily functions. If a person who professes acute grief for the loss of a friend can on the day of his friend's obsequies enjoy a hearty meal, rest assured he is, consciously or unconsciously, deceiving himself.—*New York Medical Journal.*

Saccharin not a Proper Substitute for Sugar.

As a result of the sugar shortage, the Department of Health of the City of New York has issued a warning to the public regarding the substitution of saccharin for sugar. It is stated that:

1. Saccharin is a coal tar product and not a food.
2. Saccharin has no food value, and, if substituted in

whole or in part for sugar in a food product, it reduces, lowers, and injuriously affects the quality and strength of such food product.

3. Saccharin is inferior to and cheaper than sugar.

If saccharin is substituted for sugar, or if it is mixed with a standard food product so as to reduce, lower, or injuriously affect the quality or strength of such food product, the department of health will consider that Section 139 of the sanitary code has been violated.—*New York Medical Journal.*

New Tests for Death.

Icard of Marseilles who appears to have done more work in the direction of signs of death than any of his forensic colleagues has come out with further evidence as set forth in the *Revue de pathologie comparée* for July. This is the acid reaction of the secretions after death which he has discussed in part on prior occasions. The principle does not of course, hold for the three normally acid secretions, such as the gastric juice, sweat, and urine, but applies to all other body fluids, which are normally alkaline. In three-quarters of an hour after death the "alkaline" humors will give the acid reaction. Heretofore ordinary test paper was applied to "borings" but recently the author makes use of a cutireaction obtained by forcipressure. The compression of the forceps on a fold of skin will when properly applied force the serum into an artificial cul-de-sac to such effect that a little serosity will escape, whereupon it is tested with ordinary test paper and after five or ten minutes' delay the reaction, if death has occurred, will be acid, while if the subject still survives it will be alkaline. The borings formerly used were obtained by plunging a cannula into the liver and withdrawing it. This and similar procedures are sometimes repugnant to the relatives of the deceased, but use of the forceps is not so likely to be antagonized. —*Medical Record.*

A New Cutaneous Reaction in Tuberculosis.

During the present year Wildbolz published an account of a new tuberculosis reaction due to intradermic inoculation of a patient with his own urine. At a subsequent session of a local Swiss medical society reported in the *Revue médicale de*

la Suisse romande Guye discussed this reaction. He began with the statement that tuberculous urine is not known to contain an antigen. However, the experiments of Wildbolz appear to show that such an antigen does occur in that fluid. Tests with urine of normal subjects gave negative results, while the urine of tuberculous subjects invariably set up a local reaction at the point of injection which was sufficiently like that caused by tuberculin. When tuberculous subjects are injected with the urine of patients with infectious diseases other than tuberculosis, the reaction does not appear. Moreover after tuberculin has been used to provoke reaction in the tuberculous subject, he no longer responds to the urine test. If after a positive intradermic urine inoculation, tuberculin is used in the vicinity, the point of the urine inoculation is once more activated. In short, the chain of proof of the constancy of the reaction is nearly complete, although to obtain it the subject must have active, not latent tubercle. Guye, with another, now repeated the experiments of Wildbolz with seventy-five individuals and the discoverer supervised the work, thereby discounting claims of differences of technique. The urine must be concentrated to a tenth of its bulk, this requiring twenty minutes, and must be shown to be sterile by the negative result of inoculating certain media. The point of the needle must be within the corium. The results in every way confirmed the claims of Wildbolz.—*Medical Record.*

Lung Abscess Following Tonsillectomy.

In England and America this operation has a wide vogue, especially in America. In some other countries, of which Holland is one, this intervention is much less popular and restricted to certain definite indications with full recognition of the possibility of serious accidents. Burger, a practitioner in Amsterdam, was therefore not surprised at a statement to the effect that in a large New York general hospital pulmonary abscess is a not uncommon sequela of the operation of excision of the tonsils (*Nederlandsch Tijdschrift voor Geneeskunde*). The mortality of a series of cases from mixed sources was 11 per cent. Following the files of the *Laryngoscope* and other periodicals, the Dutch author brings to light other cases reported by Richardson, Frank, Warthin, Christian, Wilson, Herrick, Dean, Robinson, McKentic, Lilienthal, Craig, Billings,

and others. These cases were largely in children, and the operations were in many cases done under full narcosis. Every case cited was an American case. The favorite cause assigned was aspiration of material, infected or not, while in some cases septic embolism may have been responsible. An example of the latter seems to have been reported by Scruton. This unpleasant accident is not deemed inevitable, but due to faults of technique. It is fortunate that the mortality has not been greater, while the incidence, considering the enormous vogue of the operation, is low. The indiscriminate performance of the operation should be condemned in view of the possibility of this mischance. The cases do not appear to be reported by the laryngologists, but by the internists and surgeons who treat or operate on the lung abscesses, and at times by the pathologists who make the autopsies.—*Medical Record.*

The Schick Test and the Immunization of Children Against Diphtheria: A Communication.—Dr. William H. Park stated that he had asked that he might be permitted to make an announcement in order to let the physicians of the community know what the Department of Education and the Department of Health were doing in the direction of applying the Schick test and immunizing school children against diphtheria, so that when they were asked they would understand and would advise their patients to have the test made and to be immunized if that was necessary. Perhaps it was known that there had been one-third more diphtheria cases this winter than last. When Dr. Copeland noticed this increase in the number of diphtheria cases he asked Drs. Harris, Baker and the speaker to make suggestions as to the course to be pursued. He had advised the use of immunizing injections of antitoxins for the children in invaded families, and early and large doses of antitoxin for the cases of diphtheria already developed, but he especially advised the general use of the Schick test and the active immunization of all infants and children found susceptible to diphtheria. It was now known that three injections of the toxin-antitoxin would give immunity in 95 per cent. of the cases and that this immunity would develop between the fourth and twelfth week and would persist for at least three and a quarter years. It was hoped by the production of artificial immunity by the administration of the toxin-antitoxin to hasten the development of the natural immunity that took

place in a large number of individuals between the age of one and twenty years. Dr. Ettinger and Dr. Copeland had agreed to start with the primary and kindergarten schools to make the effort to offer this protection against diphtheria. The children would receive a statement to take home, saying that the Department of Education and the Board of Health approved of the Schick test as a means of ascertaining whether or not a child was susceptible to diphtheria, and in case a child was not immune, immunity could be conferred which would probably last throughout life by the administration of a few injections. If the parents approved of this the children would be given the Schick test and, if this showed it to be necessary, two immunizing injections. At the next term they would again be tested and the few who were still susceptible would be given a second series of two injections. In a trial test where the parents were first appealed to and then instructed through the circulars, about 80 per cent. of the children were reached. The work would be begun about May 10 in a few schools in each borough, and if the plan met with success it would be extended in the fall. It was important that physicians should understand the plan and the results, namely, that from two injections immunity could be expected in 90 to 95 per cent. of the cases, which would persist at least three years. The injections were absolutely harmless. They had injected 1,950 babies from three to five days old without the slightest sign of harm. The older the child was the greater the protein reaction. The reaction was more severe in adults than in children. This was due to the presence of peptones and other foreign proteins in the broth and not to the toxin-antitoxin itself. Since about nine-tenths of all deaths occurred in children under ten years of age, it did not seem worth while to immunize the adult population, with the exception of nurses. The method of administering the toxin-antitoxin was to inject 1 c.c. subcutaneously or intramuscularly with the finest needle. Among 4,000 injections given to small children, they had not had one serious or annoying reaction. Dr. Park said he hoped that when parents asked the physician whether it was advisable to be immunized against diphtheria he would advise them to have their children submit to the Schick test and receive the immunizing doses of toxin-antitoxin if necessary. He was looking forward to a not distant time when the entire infant population would be immunized against diphtheria.—*Medical Record.*

Relation of Gastroptosis to Gastric Ulcer.

In the course of a review of standard teachings with regard to the causation of the round gastric ulcer, V. Krempelhuber (*Deut. med. Woch*), draws attention to the frequency with which gastric ulcer is combined with gastroptosis. At the Wurzburg University Polyclinic, gastroptosis was found in 88.6 per cent. of the cases of gastric ulcer diagnosed as such with the help of the X-rays. Among women with gastric ulcer, the long, ptotic stomach was found in as high a proportion as 95 per cent. The ptosis was considerable in 80 per cent. of these cases. The predilection of ulcers for the small curvature of the stomach and the upper wall of the pylorus—that is, the parts by which the stomach is suspended—offers a clue to the relation of gastric ulcer to gastroptosis. The latter, by inducing an abnormal tension on the mucosa of the stomach at these points restricts the circulation, and thus reduces the vitality of tissues already, perhaps, abnormally exposed to erosion by hyperacidity of the gastric juice. The author supports this argument by reference to the success commonly achieved in gastric ulcer by rest cures. The patient being on his back, the stomach rests on a broad base, tension of a limited part of its walls is relieved, and kinking or compression of the blood vessels in the lining of the stomach is prevented.—*British Medical Journal.*

Cancer.

Professor J. Rutherford Morison is of opinion that "there is an increasing amount of cancer in the country, and that it is increasing more in the younger people than in the older."

He points out that, though we are ignorant of the fundamental cause of this dreadful disease, we are fortunate in knowing many of the predisposing causes, and that this knowledge may often enable us to prevent the disease.

As instances of cancer resulting from such predisposing causes he mentions:

Lip cancer from clay-pipe smoking.

Chimney sweep's cancer.

Epithelioma from burns.

Cancer from superficial glossitis in the production of which syphilis, alcohol, and tobacco may play a part.

Cancer from leucoplakia of the vulva.

Cancer from X-ray burns.

Cancer developing from an innocent tumor—a frequent occurrence.—*Medical Press.*

Botulism from Canned Ripe Olives.

In recent editorials THE JOURNAL has summarized our knowledge of botulism, especially with relation to extensive investigations made under the auspices of the National Canners Association and in the laboratories of the Leland Stanford University. Because of the violence of the symptoms and the rapidly fatal issue of poisoning with the toxins of *Bacillus botulinus,* the subject has interest beyond the extent of its relative importance in mortality statistics. The recently reported deaths following the eating of ripe olives in Detroit and in Canton, Ohio, were especially significant, because first reports seemed to indicate that the use of the ordinary precautions would not protect the user against such contingencies. There is now available more detailed report of these cases. We are informed of some significant factors that have a practical bearing: First, various members of the party at the banquet in Canton, Ohio, in describing the olives used such expressions as, "Smelled like limberger," "bit the tongue," "soft," "not fit to eat." "stuck to the tongue," etc. Second, it was found that some of the olives had been washed previous to serving and that one person who ate two of these olives recovered. These factors would seem to lend strength to the contention of Weinzirl that the observance of ordinary precautions in eating, such as cleanliness, and the rejection of all food of which there is a suspicion of spoiling, will, in many cases at least, protect the user.—*Journal American Medical Association.*

Taylor, J.: Operative Treatment of Peptic Ulcer.

The author presents the details of cases of gastric conditions submitted to surgical treatment in an army training centre. The operations performed and mortality were as follows: posterior gastro-enterostomy, 60, with 1 death; excision of ulcers, 3, with 0 deaths; and partial gastrectomy, 2, with 0 deaths.

In all of these operations evidence was found of obstruction at the duodenojejunal flexure due to changes in the upper part

of the alimentary tract brought about by chronic intestinal stasis.

Owing to the drag of loops of small intestine overloaded with faeces, the highest part of the jejunum is pulled strongly down and to the right and in this manner the flexure is made very acute. The duodenum then distends and dilates. It yields more on the convex surface and in its first portion which is least supported. Congestion of the mucous membrane develops and slight abrasions are soon converted into ulcers. Follows then a spasm of the pylorus. The stomach distends and by the aid of an overloaded transverse colon drags down on the lesser curvature which is its fixed portion. Ulcers then occur at the lesser curvature owing to this tearing strain or at the pylorus owing to the resistance of the pyloric spasm to the passage of food. These conditions are readily relieved by the Mayo gastro-enterostomy which overcomes the acute flexure at the duodenojejunal juncture.

Hæmorrhage after operation was never troublesome. In a case of rather marked bleeding which occurred ten days after operation the patient recovered when the stomach was allowed to rest.

The detailed report of a case of hour-glass stomach which was relieved by partial gastrectomy is followed by the clinical abstracts of six cases of pronounced fatal hæmorrhage in which a posterior gastro-enterostomy was done. Four of the patients recovered and two died.

The article is concluded with a short note by Abrahams in which posterior gastro-enterostomy is strongly endorsed, particularly as an emergency measure.—*Surgery, Gynæcology and Obstetrics.*

Prophylaxis and Treatment of Influenza and Influenzla Pneumonia.

Dr. E. C. Rosenow, of the Mayo Clinic, has probably done more to determine the prophylactic value of vaccines in influenza than any other individual in the country. He reported on the use of a prophylactic vaccine last winter. There were 100,000 cases under observation, with 300,000 controls. He declared that the incidence of influenza was about three times as common and the death-rate five times as high among the uninoculated as among the vaccinated persons.

Parke, Davis & Company's Influenza-Pneumonia Vaccine

is prepared essentially in accordance with the original formula and method of Dr. Rosenow. It is administered in three injections, at intervals of six or seven days.

What about the treatment of influenza and influenzal-pneumonia?

Physicians who employed Pneumonia Phylacogen last winter with the most striking results gave an initial injection of 16 minims immediately to every patient who came down with influenza. The second day the dose was increased to 32 minims, the third day to 48 minims, and so on until convalescence was established.

When pneumonia had already developed, 16 minims of Pneumonia Phylacogen was administered immediately. Twelve hours later 32 minims was injected, and the dose was gradually increased every twelve hours until the critical period had been passed.

Parke, Davis & Company, Walkerville, Ont., will be pleased to send a copy of a new booklet, "Prophylaxis and Treatment of Influenza and Influenza Pneumonia," to any physician requesting it.

Asthma.

C. G. Cumston (*Journal of the Medical Society of New Jersey, November*, 1919) recommends the following:

Potassium iodide ..... 5 grams.
Liquor ammonii anisatus ..... 5 c. c.
Aquæ destillatæ ..... q. s. ad 150.0 c. c.
Soupspoonful three times daily in milk.

To relieve the spasm of asthma:

Atropine sulphate ..... 5 egm.
Acidi arsenic ..... 10 egm.
Quinine hydrochlor.,
Ext. gentian,
aa ..... 5 grams.
Ft. Pil. no. 100.

—*New York Medical Journal.*

Rheumatism and Gout: Injections of Salicylic Acid (*Presse méd.*)

J. Sejournet injects one c.c. of a 1-1000 solution of salicylic acid into subcutaneous cellular tissue over the affected joint. The injection causes practically no pain, and causes rapid

disappearance of acute rheumatic arthritis, torticollis, lumbago, or pleurodynia, sometimes within a few minutes. In very sensitive patients 0.0005 gm. of cocaine may be injected before the salicylic solution, the needle being left in the same place for the latter. Intramuscular injection is painful and should be avoided. The injection is repeated daily, if necessary, and the treatment is applicable to acute, subacute, or chronic conditions, rheumatism, gout, and sciatica having been successfully treated in this way.

The Increase of the Alkalinity of the Blood in Shock

Benjamin Moore draws attention to recent physiological work which demonstrates that there is no enhanced acidity of the blood in shock such as would warrant the use of the term "acidosis," but rather a greatly increased alkalinity which by damage to heart and nerve centres leads to that secondary shock which produces the fatal event. Attention is called to the erroneous conclusions of a number of observers. According to the writer's interpretation, when primary shock occurs from sudden heart failure, from emotional causes, hemorrhage, pain, or some such stimulus, there is cerebral anæmia and unconsciousness. There may be a recovery from this in a few minutes, but if the condition continues for a longer time, such as twenty to thirty minutes, there is a general cessation of metabolic activity at first and a shutting down later to about one-third of the normal rate. If there is a closure down in the tissues to one-third, and the lungs go on working at their normal rate or even at one-half their normal rate, an excess of carbon dioxide over that produced must be removed in the lungs and the blood go alkaline, and this is what occurs in secondary shock. As the blood becomes more alkaline it carries shock to the nerve centres and the heart. In the main surgical shock depends upon the relative rates of respiration and circulation, although other conditions, such as toxic products from wounds and muscle injury and fatigue of nerve centres, undoubtedly play a part. Hence it is an entirely wrong treatment to administer alkalies. What the organism requires is oxygen, carbon dioxide, and warmth, until oxidation in the tissues begins to approach its normal level. The writer forecasts that it will be one of the most remarkable records in medical science that for a generation scores of workers in Britain, the continent of Europe, and America went on calmly working on the assumption that by pumping off carbonic acid they succeeded in making the blood more acid.—*Medical Record.*

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Miscellaneous

Bernáldez reports the case of a multipara who in her first parturition suffered a complete tear of the perineum but was not operated upon. Subsequently she was delivered twice. She consulted the author in her fourth pregnancy at which time she had a complete uterine prolapse. The entire uterus had prolapsed through the enormous rent, but the symptom of which most complaint was made was retention of urine. The bladder was emptied by catheterization but the lack of ligamentous and perineal support was so great that reduction of the uterus was impossible. As a result the cervix was ulcerated, bleeding and purple.

The question of treatment was perplexing. To maintain the uterus in aseptic reduction by tamponade and permit the pregnancy to continue was impossible. To provoke an abortion might result in puerperal bacteræmia with all its dangers. To perform a hysterectomy as for uterine myoma, ignoring the pregnancy, it would be necessary to use the abdominal route and this might be the cause of fatal peritonitis.

The patient aborted spontaneously, however, the day after having made a trip to a neighboring town and the author did not see her again. If she had returned he would have done a Wertheim-Schauta operation after the abortion which, according to Recasens, is the operation of choice for prolapsed uteri of great size. This he would have followed with a colpoperineorrhaphy.

Patient's Inability to Receive Treatment.

A patient had contracted with a physician for treatment to be administered to him by the physician at the latter's office for a period of one month from a specified date, the treatments to be paid for in advance. The patient became too ill to attend the physician's office to receive the treatments and brought action to recover the moneys paid the physician.

There was no evidence in the case that this sum was paid to the physician as a retainer and the service to be rendered and received depended upon the ability of the patient to receive and the attending physician to perform. Therefore the rule that in the event of illness to either party which prevents him from performing his portion of the contract the money paid should

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be returned is equally applicable to both parties to the contract. Had the physician become ill instead of the patient and rendered unable to give the services contracted and paid for, he would doubtless be required to pay back the consideration for the services.

The Court applied the rule and quoted from the case of Fisher vs. Monroe, 12 N.Y.S., p. 273.

"The obligation of the party who was to receive the services to pay is conditional upon the obligation of the party who was to render the services to perform and vice versa. If the contract of employment is to continue operative and binding those interdependent obligations must continue to exist, and if one party is excused from the performance of his obligation, the obligations of the other party must likewise come to an end."—*Surgery, Gynæcology and Obstetrics.*

Addison's Disease and Scleroderma (Berl. kl. Woch.)

Remarkable results obtained by treatment of scleroderma with adrenalin are here reported. In one of his patients he maintains a diffuse pigmentation of the Addison type by the use of thyroid tablets. Scleroderma is due to vagotonia according to the Vienna school and in some cases of this affection the writer refers to the relations existing between the vegetative nervous system and the endocrine glands. He was able to note that, in the vagotonias, the pigment metabolism might be influenced by four factors, namely, pregnancy, scleroderma, thyroid products and by nerve lesions.—*The Journal of Nervous and Mental Disease.*

Crime and Drunkenness in Canada Under Prohibition.

Startling facts are set forth in a *Blue Book* dealing with criminal statistics throughout the Dominion of Canada for the year 1918. This *Blue Book* was recently issued from the office of the Dominion statistician and therefore the source of information cannot be questioned. According to the returns during 1919 there were 21,747 charges and 17,370 convictions for indictable offences in the several provinces of the Dominion. When these statistics are compared with those of 1917, where do the bald assertions come in that prohibition had resulted in a diminution of crime? And where do similar

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assertions ofttimes made that alcohol was conducive to the venereal diseases take their place?

In the year 1917 there were 19,559 charges and 15,559 convictions, thus showing an increase in 1918 of at least twelve per cent. in charges, and an increase of eleven and one-half per cent. for convictions during the year. The number of convictions increased during the year in all the provinces excepting Alberta, British Columbia, and the Yukon. The higher increases were in Ontario—that province of great uplift—Quebec, Manitoba, and Nova Scotia. The number of summary convictions jumped from 98,452 in 1917 to 105,199 in 1918.

Drunkenness decreased by nearly twenty-five per cent. in all of Canada; but increases were reported from Manitoba and Alberta. In the last named province the convictions for drunkenness in 1918 numbered 825, as compared with 391 in 1917, an increase of 111 per cent. In Manitoba convictions grew from 1,085 in 1917, to 1,123 in 1918—an increase of three and one-half per cent. Throughout the entire western part of Canada prohibition is a laughing stock and a scandal. —*New York Medical Journal.*

Pertussis Cured by Ether.

Audrin claims to have cured rapidly cases of whooping cough by the injection of sulphuric ether, pure, given every second day in doses of 15 minims up to the age of ten months and after this period 30 minims. The injection should be intramuscular, given in the thigh and at the same point for succeeding injections. The stage of the disease is not given. Rarely is a fourth injection necessary.—*Le Progrés Medical.*

The Influence of Bombardment on Glands.

Etienne and Richard (*Rev. med. de l'Est*), state that the frequency and violence of the bombardments of Nancy, either by long-distance gunfire or by aircraft, gave them an opportunity for studying the action of war emotions on the various glands, especially those of internal secretion. In the first place they were impressed by the frequency of amenorrhœa in Nancy and district as the result of the bombardments.

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Several cases of the kind had also occurred in Paris under similar circumstances. On many occasions the close association between the function of the mammary glands with that of the ovary was shown by a considerable diminution, and sometimes by a complete suppression, of the secretion of milk following bombardments. Two cases of transient glycosuria of sudden onset are next described. The writers attribute its occurrence to an excessive secretion of adrenalin, caused by emotion acting on the glycogenic function of the liver by means of the abdominal sympathetic. Numerous cases of Graves's disease were observed, which were due either to a sudden violent emotion or to a succession of frequently repeated emotions.—*British Medical Journal.*

Collectanea.

Eyes and Movies.—The question of eyestrain in moving picture theatres is under consideration by the London County Council. The *Lancet,* in commenting upon the matter, says there is no evidence that organic injury to the visual apparatus can be directly produced by moving pictures, at any rate in the case of healthy eyes, but a high degree of nervous fatigue is frequently induced. The fatigue probably arises from the following causes: 1, glare; 2, flicker; 3, strain on mechanism of co-ordination when a swiftly moving object is fixed by a stationary observer. Defective ventilation is often a potent additional cause. The displays are generally far too long, and even for adults it is more trying to concentrate the attention on any object when the retina is in a state of dark adaptation than when it is adapted to light. It is especially in children that the bad effects of cinema fatigue are apt to show themselves.—*New York Medical Journal.*

Physical Defects Among Children of New York City.

The following estimates of physical defects in New York children is published in the September issue of *School Health News*:

Organic heart disease, 15,000 to 20,000.

Tuberculosis of the lungs, active or arrested, 50,000.

Spinal curvature, flat foot, or some other moderate de-

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formity serious enough to interfere to some degree with health, 50,000.

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Defective vision, 250,000.

Malnutrition, due in part at least to one or more of the defects enumerated, 250,000.

Enlarged tonsils, adenoids, or enlarged cervical glands needing attention, 300,000.

Dental defects, 500,000. In some schools 98 per cent. of the children's teeth need attention, and this condition is potentially if not actually detrimental to health.

Two or more handicapping defects, 100,000 to 150,000.

Number needing attention for physical defects partially or completely remediable, 750,000.—*New York Medical Journal.*

Cancer from Hot Rice.

"Cancer in China is very common in the pharynx and in the œsophagus, and for a long time it was difficult to find any explanation of it. Eventually it was discovered that it occurred only in men, that women almost never developed either cancer of the pharynx or of the œsophagus, and the explanation of that was probably . . . this, that at meals men are served first, and they get, and swallow, their rice boiling hot; ladies have to wait until the men are satisfied, and they get their rice cold.—*British Medical Journal.*

Methyl—Wood-Alcohol and Its End-Products in the Body

The menace of methyl alcohol or wood spirits to human health, though long known to physicians, has never been adequately appreciated by the public. Heretofore the dangers arising from its introduction into the body have for the most part been confined to some accidental or casual intake of the substance, and larger numbers of fatalities have arisen only in unusual circumstances, such as the criminal adulteration of alcoholic beverages with wood alcohol. With the enforcement of national prohibition, however, the prospect of more frequent instances of harm through the use of this intoxicant in place of the forbidden grain spirits and other drinks containing ordinary ethyl alcohol is unfortunately before the nation.

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Within the last few weeks the newspapers have reported the deaths of more than a hundred persons from the adulteration of alcoholic beverages with methyl alcohol. It therefore becomes more necessary than ever to understand the toxicology of methyl alcohol and its behavior in the body. To combat an enemy we must learn to know its mode of attack.

Chemically, the difference between methyl alcohol (CH_3OH) and ethyl alcohol (CH_3CH_2OH) is not striking, though the methods of preparation are dissimilar. When wood is subjected to destructive distillation, methyl alcohol is one of the products formed. Ethyl alcohol is derived from the fermentation of grains or fruits. Wood alcohol, about 10 per cent., may be added to ethyl alcohol to render the latter unfit for beverage purposes, and the Government has ruled recently that such denatured alcohol must bear on the label a special warning concerning the dangers of methyl alcohol. Elsewhere in this issue appears the report of a case of wood alcohol poisoning thoroughly studied with reference to the symptomatology and pathology. When death occurs, there is usually coma, with death from respiratory paralysis. According to our present knowledge, methyl alcohol is eliminated slowly from the body, an end-product of the oxidation in the body being formic acid.

Formic acid, $HCOOH$, has been recognized as an excretory product of methyl alcohol since Pohl demonstrated, in 1895, that introduction of this alcohol into the stomach leads to an increased output of formic acid in the urine. Hence the latter affords a possible means of ascertaining whether or not wood alcohol has been taken into the organism. A mere qualitative test for formic acid, however, will not suffice; for this substance has been known, at least since 1877, as a normal constituent of the urine. Therefore it is essential to know something regarding the extent to which formic acid may occur in the urine under what may be called normal conditions of living. According to Autenrieth, the quantity eliminated may vary considerably in different persons, though it tends to exhibit a uniformity in an individual living on a fairly uniform diet. The figures approximate 0.25 gm. a day as an illustrative average.

When methyl alcohol is ingested, the output of formic acid in the urine promptly increases. For example, a person who had taken 80 gm. of pure methyl alcohol in the course of

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eight days showed an extra elimination of formic acid above his usual output equivalent to 5 per cent. or more of the consumed spirits. It will be observed that even when these relatively innocuous doses were taken, a quantitative investigation betrayed the intake. With larger doses, methyl alcohol itself, which is missed in such instances as that just cited, may appear in the urine. Other alleged precursors of formic acid, such as glucose, and lactic acid which might readily be taken into the body in exceptionally large quantities in the course of an ordinary regimen, were found by Autenrieth to be without appreciable influence on the output. Formaldehyd, HCOH, did not produce an increment; but formic acid itself was quite resistant to oxidation in the body, so that unlike many other organic acids it again reappeared in the urine in considerable proportions unchanged. Fortified with these facts, the chemist will be better prepared to ascertain the occurrence of poisoning with wood alcohol when the direct evidence may be lacking or inconclusive. At the present juncture the public should be made to appreciate that methyl alcohol is a dangerous poison; that one of its serious effects is permanent blindness, and that it may be so prepared as to be ordinarily indistinguishable by odor or taste from ethyl alcohol. It should be emphasized that the selling or promoting the sale of or use of either methyl or ethyl alcohol as a beverage is the doing of an unlawful act. —*J. A. M. A.*

Deaths of Physicians in 1919

During 1919, the deaths of 2,105 physicians of the United States and Canada were noted in The Journal. Adding 2.5 per cent. to this number on account of delayed reports and possible omissions, we may estimate the total number of deaths to have been 2,163. As the total number of physicians classified in the American Medical Directory is 159,444, we may estimate that the annual death rate approximates 13.29 per thousand. The average annual mortality for the period from 1914 to 1919, inclusive, is approximately 14.81.

Ages.—The age at death varied from 24 to 100, with an average of 59 years, 1 month and 25 days.

Years of Practice.—The number of years of practice varied from 1 to 76, the average being 32 years, 5 months and 26 days.—*Journal of American Medical Association.*

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Socialist and King

An interesting story in which King Albert and Dr. Edouard Beyer, a member of the Socialist group in Belgium, were the principal characters is told, says a Scotch contemporary. Dr. Beyer, a real patriot despite his politics, was present at a reception given by their Majesties in Brussels just before their departure for America, and in the course of the evening King Albert found time for a little personal chat with his interesting guest.

"Tell me, Doctor," he asked, "what your political friends think of me?" "That you are an excellent King, your Majesty," was the reply, "but that you would make as good a President of the Republic." King Albert looked grave for a moment, and then he smiled. "Come now," he remarked, "if I said to you, 'Well, Dr. Beyer, you are a skilled physician and a consultant at some of our greatest hospitals, but I am going to deprive you of your many qualifications because you would make just as good a veterinary surgeon,' what would you say?" The medico-politician thought hard for a second, and then finding no adequate answer to the King's conundrum, bowed respectfully and made way for other guests who were awaiting an audience.—*The Medical Press.*

The Pneumonic Lung

In an age when the written word runs into millions every year, fearless, indeed, is the writer who dares to produce "mere words." To hold a reading audience, facts and facts only are an essential and the portrayer of facts is the popular author of the day.

The physician, in his ever constant search for additional knowledge, is entitled to the best there is, and with this end in view a brochure "The Pneumonic Lung" has been published in the belief that therein the discriminating physician will find some facts which will aid him in the pursuit of his professional duties. The text matter of this booklet is the result of long and exhaustive study of the literature on pneumonia in its different phases, and in its preparation the works of practically every standard author who has discussed internal medicine have been consulted. The clinical records of hospitals have been a source of information and confirmation; the most

recent discussions on pneumonia in American, British and French medical journals have been perused, and no field which would yield information has been left untilled.

The illustrations have been painted especially for the accompanying text. The subject has been given the closest attention and study, and no opportunity has been neglected to attain the close pathological and anatomical touch so essential in bringing out the necessary details, thus adding to their practical value. Expense has been no factor in the production of this brochure. With the object of presenting to physicians a booklet which would refresh their knowledge of the etiology, pathology, symptomatology and treatment of a most destructive disease and in order that they might constantly have at their elbows an authoritative and most practical exposition of the subject, the authors have gone deeply into the matter.

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The Canadian Practitioner and Review

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Original Communications

THE VALUE OF RADIUMTHERAPY IN MENORRHAGIA AND METRORRHAGIA WITH THE TECHNIQUE USED

By Dr. M. Paul Degrais,

Head of the St. Louis Hospital Laboratory and Laureate of the Academy of Medicine, Paris.

In the first place we shall not consider those menorrhagias and metrorrhagias which sometimes occur during the puerperium, for they do not respond to radium any more successfully than the menorrhagias or metrorrhagias which may accompany certain organic diseases (heart, liver, kidneys, lungs), or during intoxications. Neither shall we discuss such as are the result of cancer of the cervix or of the body of the uterus, as the value of radiumtherapy and the symptoms indicating its use in these conditions have been well established in previous publications. But in this article which I have prepared with the help of my friend and colleague, Dr. Anselme Bellot, we shall deal only with menorrhagias and metrorrhagias which may appear during various illnesses, but which are the result of more or less severe, but persistent lesions of the uterine mucous membrane.

Along with the various lesions of uterine muscle and of its stroma, we notice in all the cases which we have studied very marked vascularity, with capillary dilatation of the surface, and even of more deep-set parts of the mucous membrane. We compared these abnormal vascularities with those which are found in angiomas, and which respond so marvellously to radium treatment, and it seemed natural to expect that the obliterating endarteritis, which has been established beyond question by Wickham and ourselves, on the strength of the angiomas cured

by radium, could bring about an arrest of the hæmorrhage in the case of endometritis submitted to radiation.

Robert Abbe made the first radium application in the case of a fibroma, in 1905, and he considers that the arrest of uterine hæmorrhage is due to this histological process. His observations are valuable, in connection with those which we are reporting herewith, because he is able to furnish histories of his cases extending over a comparatively long period. After him, Oudin and Verchere obtained encouraging results in some cases of metrorrhagia, and in this paper we shall give an account of our own experience which dates from 1906.

SYMPTOMS.

What are the uterine conditions which cause menorrhagia and metrorrhagia, and are amenable to radium treatment? For the purpose of simplification we shall divide them into two classes:

1. Hæmorrhagic metritis.
2. Fibromata.

1. *Hæmorrhagic Metritis*: Metritis, under which term we shall group parenchymatous hæmorrhagic metritis and uterine sclerosis, described by Hepp, may occur at any age; however, it is rare in young women, and is most common after forty, especially at the time of the menopause, although it often appears in women who are not menstruating.

2. *Fibromata*: Firstly, the fibromatous uterus, then the submucous fibroma, and, finally, the interstitial form. *All of these conditions, whose principal symptom is uterine hæmorrhage, are curable by radium.* We feel just as confident now that we can guarantee a cure in these cases as we used to be reserved about promising one.

TECHNIQUE.

Naturally enough this can only be an outline; various interpretations of the method should be made, according to the extent of the hæmorrhage produced by the metritis or the fibromata. But it is none the less true that here, as in the treatment of cancer of the cervix, early radiumtherapeutists have passed the stage of experiment, notwithstanding opposition.

The radium dosage, the thickness of the filters, and the time

of application, are the three factors which vary according to the case.

Let us take, as an example, the case of a fibromatous uterus with a cavity of nine cm., with free metrorrhagia. In this case we used three tubes of radium, a little more than two centimeters long, representing forty millicuries. We introduce them, one after the other, into the hollow cylindrical urethral bougie No. 20. We like to use short tubes, so that there will be an articulation between each one, which will allow the sound to take a curved shape, and thus to adapt itself easily to the curves of a uterine cavity, whether it be anteflexed or anteverted, retroflexed or retroverted, or perhaps indented with small sub-mucous fibromata. A very long tube containing the same dose of radium would be much more awkward, and its introduction would cause much discomfort and pain. These are easily avoided if the above technique is adopted.

Sterilized sounds and tubes are introduced after dilatation of the cervix with Hegar bougies. The volume of the sound, of course, does not necessitate dilatation. A packing of sterile gauze holds the sound in place for twenty-two hours. Eight days later a second similar application is given, and this is followed by a third after the same interval of rest. We like to give the first application at the termination of the time which corresponds to the menses, in order to be able to make the three applications in a fortnight. In case that the menses are no longer fixed, we do not hesitate, in spite of hæmorrhage, to make our three applications.

The only recommendation that we would offer in regard to the preparation of the patient is that the intestines should be thoroughly emptied.

The immediate results are sometimes pain in the kidneys, but more frequently, however, localized pains in the abdomen, and, in this case, as in many other applications of radium, a discomfort showing itself in the form of a nauseous sensation, which seldom produces vomiting, and which stops with the removal of the radium sound. On the day following treatment patients show a slight lassitude, which is of short duration.

When this technique is made use of, it is always necessary to modify it to suit the case. For instance, the number of tubes used varies with the length of the cavity; the quantity of radium varies with the extent of the hæmorrhage; the duration of the application is determined by the thickness of the tube:

all of these considerations are based on an analysis of the symptoms, or for other specific reasons. For instance we gave a shorter exposure to radium to certain fibroma cases which had already been treated with X-rays without any absolute cessation of the hæmorrhage having occurred.

RESULTS.

The results have turned out absolutely constant, and the progress of cases has shown great regularity. We have spoken above of the difficulties incident on the application itself, but they are of short duration, and soon give place to a sensation of entire well-being; kidney pains, which were sometimes present, lessen, and the patient loses a heavy feeling in the abdomen which is so often present.

As to the hæmorrhage itself, the time necessary for its arrest is quite variable. As a general rule, one should not expect it to disappear in the course of a treatment; for often a very free menstrual flow appears after the third application. It is necessary to urge patients to have patience, and to wait for five or six weeks after the last application for the disappearance of all uterine phenomena, whether it be a hæmorrhage or an aqueous flow, for the latter often replaces metrorrhagia and menorrhagia for some time after radiation.

There is one serious consideration. Will the arrest of the menses be permanent? Although it may be demanded by women about the time of the menopause as well as by those who have seen the menses reappear, it is not at all the same thing for young women, who have some fear of this artificial and premature menopause. But, fortunately, our experience has shown us that women in healthy genital life do not have any permanent cessation of the menses. In four cases which we have been able to follow, and where the age of the women treated varied from 25 to 35 years, the menses disappeared for some months, but reappeared again, quite normally.

The process of the arrest of the hæmorrhage by intrauterine radiation is due, primarily, to changes in the mucous membrane; it can also be caused by an action on the ovary, but when this organ is functioning properly it does not sterilize it permanently. This is of importance from the point of view of an internal secretion, and of those troubles which may arise from ovarian atrophy.

It should be noted, in passing, that ailments due to anæmia,

dyspepsia, nervousness, etc., disappear very soon after the cessation of metrorrhagia, and a much better general condition results.

CONCLUSION.

Many observations which have stood the test of time authorize us to present, in a very complete form, the symptoms for and the technique of radiumtherapy in the treatment of menorrhagia and metrorrhagia. When these are caused by hæmorrhagic metritis, uterine sclerosis, or fibromata, we are able to ensure a cure. Prior to the use of radium these conditions were certainly not incurable, but we found them very resistent even after many curettings, and, in certain cases, a hysterectomy was necessary for some cases of hæmorrhagic metritis and almost always for fibromata. It is very interesting to compare the simplified, portable, radium treatment which presents no risk, as we know it now, with the methods which have been used up to the present time. It seems, then, that radium, which is so useful in the treatment of metrorrhagia of cancer of the uterus is worthy of an important place in gynæcology because of the results recorded in this study, and it can be considered as a true uterine styptic.

STATE REWARDS FOR MEDICAL DISCOVERIES

By Chas. A. Clotting, M.D.

While Great Britain has produced her full share of medical discoveries, there is probably no country of the earth in which the discoverers themselves have been less rewarded, not to say neglected, than Great Britain. The many epoch-making discoveries of British medical men have been almost wholly due to individual effort and to personal initiative. Perhaps little has been lost in the past on this account, although, of course, it is impossible to speak dogmatically on the point. In any event, times have changed, and organization is now needed to carry out successfully any big project. It is curious, nevertheless, to note how laggard the rich men of Great Britain have been in encouraging medical research compared with those of the United States. Money has been poured out with a lavish hand for this purpose in the "land of the almighty dollar." It seems that while the inhabitants of the United States are avid of gain and bend most of their energies toward the acquisition

and accumulation of filthy lucre, at the same time they do not gather together money merely for the love of amassing it, but are generous givers to charity and eager supporters of all means which may tend to the betterment of their countrymen and to the glory of their country. In this they give evidence of the possession of imagination, and they display wisdom of the highest order. If a mass of the inhabitants of a country are not healthy, such a country cannot be prosperous, or, at any rate, it cannot continue prosperous. The results of medical research tend to promote and ensure good health among the population generally, and therefore money expended in the prosecution of medical research intelligently directed is obviously money well spent. As said before, the rich men of England, as a rule, appear to be largely devoid of imagination which impels persons to give with a free hand to enterprises such as medical research, which are calculated to improve the health of the nation. However, since the end of the war there has been exhibited in Great Britain a tendency, never shown before, of relying upon the State for the initiation and promotion of measures deemed beneficial to the community at large. This spirit has been especially in evidence so far as the furtherance of schemes for the improvement of health is concerned. The establishment of a Ministry of Health is the most conspicuous example of this spirit. And the report of a joint committee of the British Medical Association and the British Science Guild which has been considering the question of awards for medical discovery is yet another straw which shows the way the wind is blowing. This committee, which numbers among its members men of the lofty scientific attainments of Sir Clifford Allbutt, Professor J. S. Haldane, Sir Ronald Ross, and Professor W. Bayliss, state that the reasons for rewarding medical discovery are the encouragement of medical investigation and the discharge of a moral obligation incurred by the public of its use of private effort. Special attention is called by the committee to the following particular cases which sometimes occur:—

1. Men who have refused lucrative posts in order to complete their researches.

2. Men who have refused to protect their work for fear of limiting its application.

3. Men who have carried out investigations for governments for little or no payment, on patriotic grounds.

In the public interest the committee insist on the following principles:—

1. That no medical discovery shall be allowed to entail financial loss upon him who has made it.

2. That the compensation or reward which he deserves shall be assessed as being equal to the difference between the emoluments which he has actually received and those which a successful clinician might have received in the same time.

This, the report goes on to say, is obviously the principle which was accepted by the British Parliament in the case of Jenner in 1802 and 1807. In short, the Committee's proposals in detail are as follows:—

1. That Parliament should resuscitate the precedent of Jenner by paying compensation when due for losses incurred in achieving medical discoveries.

2. That Parliament should provide an annual sum, say of not less than £20,000 for life pensions to be given as rewards to such of His Majesty's subjects as have made worthy medical discoveries, such pensions amounting to between £500 and £6,000 a year. In the opinion of the committee such pensions would be preferable to donations in capital, and the sums suggested would be sufficient, because men of science seek only such independence as will enable them to employ their talents in the manner they think best. The procedure of allotment should be similar to that used for the Nobel Prizes, and for the honors and medals of learned societies, that is, full particulars of the work of all applicants should be kept and considered. The committee points out that Parliament grants large subsidies to soldiers and sailors, has appointed a Commission to consider awards to inventors, and allows patents. It should not, therefore, complain if the medical profession, which has done so much for the nation during the war, now asks for some similar consideration. It is to be hoped that science, including medical science, will at last receive a part of its just due. Real knowledge, as represented by science, as contrasted with the superficial shallow knowledge represented by politics, has too long been relegated to the background. The era of preventive medicine has dawned, and with its advent medical science should come into its own.

RADIUM AND CANCER.

During the war, in Europe, at any rate, investigations into the treatment of cancer were almost entirely stopped. This statement, of course, applies to treatment by radium as well as to other methods of treatment. In Great Britain some work in this direction was done at the Cancer Research Laboratories of the Middlesex Hospital, at the Institution of the Imperial Cancer Research Fund, and at the Cancer Hospital at Fulham. Since the Armistice, naturally the greatest national need has been reconstruction, and such is the case with regard to Cancer Research. Although all the above-named institutions are reverting to normal conditions, they have hardly as yet got into their stride. As a matter of fact, too, it must always be borne in mind, that, with respect to radium, the financial side of the question has always hampered the progress of research. No laboratories or hospitals in which researches and investigations in this field were conducted possessed a sufficient quantity of radium to render experiment or treatment conclusive or even satisfactory. At the present time investigations are progressing in the Cancer Department of the Middlesex Hospital, regarding the effects of large quantities of radium in the treatment of cancer. Mr. C. R. C. Lyster, who has retired recently from the management of the X-Ray and Electrical Department of the Middlesex Hospital, has induced the Ministry of Munitions to lend to the hospital five grammes of radium bromide, which is no longer required for the manufacture of gun-sights and other articles of which luminosity at night is an essential feature. Therefore, there is now the opportunity for long discussed by radiologists, of putting to a practical test the treatment of cancer by really considerable amounts of radium. It may be said that five grammes, one-fifth of an ounce of radium bromide, is the largest quantity that has ever been available in bulk in the work of research. As is pointed out in the leading annotation in the London *Lancet,* January 17, 1920, up to the present time, it has been a matter of speculation whether the clinical results of exposing a malignant tumor to the rays from, say, one-fifth of a gramme of radium, for a certain number of hours, would be improved if the intensity of the rays were increased twenty-five times, the time of exposure being correspondingly reduced. The fullest use is being made of the radium as occasion permits in the Cancer Research Laboratories of the Middlesex Hospital. The difficulty, hitherto, has been to obtain a

sufficiently intense source of gamma radiation, and, at the Middlesex Hospital, several problems with which the radiologist up to now has grappled in vain, in the existing more favorable circumstances, should admit of solution. The *Lancet* draws attention to the presence of the rare elements in Canada. For instance, owing to the exigencies of the war, helium gas was separated in the natural gas fields of Alberta on a somewhat large scale. Helium gas being lighter than air and non-inflammable was valuable for use in dirigible balloons. Helium is a degradation product of radium. It is a rare element but radium is rarer. However, radium is being found and extracted in increasing quantities for therapeutic purposes, and if it is proved to be as beneficial from the curative and remedial standpoints as is anticipated from the records of its successes up to the present time, it will undoubtedly be available in yet larger quantities. Demand always creates supply, and, moreover, Canada may be the land which will provide an adequate supply of radium to be used in treatment.

A NATIONAL UNIT OF SURGEONS.

An important new movement was inaugurated recently at the Royal College of Surgeons in Lincoln Square, London, when a body representing the whole of the surgeons of Great Britain was brought together. The body is to be known as the Association of Surgeons of Great Britain and Ireland, and its first president is Sir John Bland Sutton. The new association was sketched in outline by Sir Rickman Godlee, who was chairman of the meeting held a few days ago. It is intended to serve as a common meeting ground for surgeons from all parts of the British Isles and from the Dominions. It is further to have an international character, in that it will be used to link up British Surgery with the surgical schools in the United States, France and Italy. It is of particular interest to note that the new association will not be only just one more medical society of the kind with which medical men are already so familiar, but will constitute a centre for stimulating research, and at the same time give opportunities for distinguished surgeons to bring forward tentative views before their fellows in a semi-confidential manner, and at stages in their investigations when they would hesitate to make official pronouncements. It is probable that the Association of Surgeons of Great Britain and Ireland will

call for certain qualifications for fellowship, and, in any event, will not admit more than 250 active members at first. So far as has been decided at present, its meetings will be held frequently with an annual conference in the spring of each year. The idea of forming such an association originated with Sir Berkeley Moynihan, who, in March, 1914, pointed out that Great Britain was almost alone in providing no adequate occasion for a fully representative debate on surgical topics. At a meeting held subsequently on May 26, 1914, at the Royal College of Surgeons, a committee was appointed to draw up rules, which, after discussion by the committee from time to time, were submitted to the meeting held the other day.

London, January 20, 1920.

Editorials

OUR STRICKEN UNIVERSITIES

A fire broke out, February 5th, and destroyed the historic building of King's College, Windsor, N.S., the oldest university in Canada. It was built in 1791, and given a royal charter by King George III in 1802.

Prof. J. Squair, of the University of Toronto, sent a letter to the Toronto *Globe*, which was published February 9th. He suggested that it would be very fitting if we in this part of Canada should help what he termed "our stricken universities," the University of Montreal (Laval) and the old King's College of Nova Scotia. He reminded the readers of the *Globe* that thirty years ago the University of Toronto suffered from a fire which destroyed the greater part of the main building. One of our benefactors at that time was the Legislature of Quebec, which, under the leadership of Honore Mercier, made us a gift of $10,000. He concludes his letter by saying, "All lovers of learning will hope that a strong and modern university will arise to grace the metropolis of Canada. Let us not forget what Quebec did for us in 1890, and give her what we can in her hour of need."

We are glad to learn since the above was written that before the middle of February over $400,000 had been subscribed for the Montreal University Fund.

BACK TO THE LAND

Since the present Farmers' Government was organized, we have heard a good deal about the probability of making the farm more attractive. From national, business, and general health points of view, we hope to see something of the sort accomplished.

We are told that one of the difficulties is the lack of all year round employment, and it is hoped that this will be remedied in the near future. The old-fashioned method of hiring help for the business months only, and then allowing the workman to shift for himself during the rest of the year, has become very unsatisfactory.

It is especially difficult for a married man with a family to move to the country in the spring, and back to the city in the fall. Apart from the expense any such frequent home changes are very decidedly objectionable to most people.

FATAL ACCIDENTS

We find an interesting article in a recent copy of the English *Daily Mail* by a "Medical Correspondent" on what he terms "small mistakes that cause death." In sifting evidence given in Coroners' Courts, he finds such statements as the following:

"He fell downstairs, and was immediately picked up, but he died soon afterwards."

"I found him lying on the road after a motor car had passed. I sat him up against a wall and did

everything I could for him, but he never recovered consciousness."

In some of these cases it is possible, or probable, that the injured would have recovered if left alone. A person who falls from a bicycle, or who is knocked down, or seriously injured in any other way, should be allowed to lie where he is until a doctor or an ambulance comes. At such times the heart is beating very weakly, and to raise the man to a sitting or standing posture may stop the heart altogether.

Then, time after time, one reads of elderly men rushing for a train, and dying in the carriage. A great many men shorten their lives by such imprudences as rushing for trains, etc.

Of course these observations are correct, and, although they are far from new, they appear to be frequently forgotten by the laity, and, we fear, sometimes by the profession. We should all bear in mind the fact that a man seriously injured, lying on the ground, should be carefully handled, and in handling his head should not be raised one inch. Fortunately in cities like Toronto, members of the police force have a fairly correct realization of these important points.

MENTAL HOSPITAL AT WHITBY

We are told by the lay press, and, we think, correctly, that the highest authorities on this continent consider that the hospital for insane at Whitby is the finest in the world. It is beautifully situated on a farm of 640 acres, jutting out into Lake Ontario, close to Whitby Harbor.

We understand that Dr. Bruce Smith first ap-

preciated the desirability of this situation, and expressed a very favorable opinion of it to Mr. Hanna, and the latter decided on its purchase as soon as he saw the farm, or, rather, collection of farms.

There are, altogether, something like thirty buildings of grey stucco walls and red-tiled roofs, designed, we are told in the *Evening Telegram* of February 9, by Mr. James Govan. What is known as the cottage system, with pleasant lawns and much shrubbery, has been adopted.

Dr. J. M. Forster, who has been in hospital service for over thirty years, and has been for a long time superintendent of the Toronto Hospital for Insane, is now, we are glad to say, superintendent of this great new institution at Whitby.

QUEEN'S MEDICAL FACULTY

We still hear many rumors and discussions of such rumors, about Queen's Medical Faculty. Especial efforts are now being made to improve the facilities for clinical teaching.

A company has been formed which will be known as the Kingston Clinical Association with a capital of about $100,000. This association has purchased for $12,000 the property upon which the public library now stands, on which new and suitable buildings will shortly be erected. Prof. W. T. Connell will be the director of the clinic.

Dr. J. C. Connell, the Dean, is still strongly opposed to a removal to Ottawa.

As previously announced, great improvements will soon be made in the Kingston General Hospital,

and it is expected that fully three-quarters of a million dollars will be expended within the next two years in making alterations and important additions.

However, they are still talking at Ottawa, and we are told that it is not improbable that a new medical faculty will be established in that city before long. It is felt by many that there is room for another Faculty of Medicine similar to that of Queen's and the Western in this large province.

INFLUENZA VACCINE

The vaccine made at the Connaught Laboratories under the direction of Dr. Fitzgerald, and provided free by the Provincial Board of Health, consists of a suspension of the following dead organisms: Influenza bacilli, pneumococci, streptococci, and staphylococci.

In giving instructions as to inoculation, it is stated that the most suitable place to make the injection is immediately under the collar bone, but a great many physicians made the injections in the arm. There is a slight local reaction, showing redness at the site of the injection and some general reaction, producing malaise and a slight rise in temperature. It is considered inadvisable to inoculate an individual who already shows symptoms of the disease. We should suppose, however, that if the vaccine has any virtue it should be serviceable at any stage of influenza complicated by pneumonia.

As we understand the matter, neither Dr. Fitzgerald nor the Provincial Board of Health express

any opinion as to its efficiency. Dr. Hastings, however, has given the public the impression that he entertains a favorable opinion. He stated that the nurses of his department had all been vaccinated and that, although the operation might not prevent influenza, it had a decidedly controlling effect over the complications. As the matter has not yet been settled by experts, we doubt the advisability of any officer of health expressing an opinion about the efficacy of any remedy (especially a vaccine) until it has been thoroughly tested, and has passed absolutely beyond the experimental stage.

THE PROFESSION IN ONTARIO

Has the profession of medicine in the Province of Ontario fallen upon evil days? Is the Government of that province alive to the interests of the people? Is it properly impressed with the importance of maintaining a high standard of excellence in the medical profession, not only in morals but in education? These are questions of the most vital significance, and medical men in Ontario are asking one another, "What does it all mean?" The medical bill to provide for a new medical practice Act, for reasons apparent to no one, has been allowed to drift. The Ontario Temperance Act, which closed the bars and liquor shops, tends to bedevil the profession and is a most annoying measure to the faculty. They would be glad to be rid of it. They do not wish to be authorized by Act of Parliament to prescribe liquor for medicinal purposes. They gained that right when they were licensed to practise by the Ontario College of Physicians and Surgeons and became members of that body. Some have been hauled before the courts and heavily fined for breaches of the Act. Others have seen their practices decline through it. Still others have been disciplined by the Ontario Medical Council, and suspended from practice from three to twelve months. All are possessed of a certain amount of fear in exercising their privilege. To practise upon the sick successfully the doctor must have a clear and untrammelled mind; if not, then the patients suffer. This is not good for the people at large.

The appointment of a young and inexperienced laboratory man, be he ever so competent in research, to be whole-time Professor of Medicine in the University of Toronto, with unlimited powers in the choice of the staff of medicine, has occasioned deep grumblings and rumblings. These have resounded through the halls and wards of the Toronto General Hospital, an institution closely associated with the clinical and laboratory work of the medical student. Some excellent and experienced men have resigned never to take up clinical teaching again. Toronto is not supremely blessed with proficient teachers in medicine at the present time. Death, sickness and overseas and military service have caused a thinning in the ranks. Many men profess to see disaster to a great institution which a few years ago counted its able clinicians almost by the scores. The Government must look alive or they will have both hospital and

university tumbling about their heads. That medicine has not yet arrived at the time when the experimenter takes supersedence over the clinical diagnostician and the therapeutist, many aver, the laboratory man to the contrary notwithstanding. Thayer, in his address before the Canadian Medical Association (*Canadian Medical Association Journal,* September, 1919), says: "All the new methods of research, however clean-cut and valuable their results may be, are of use only if they are exercised by one who has mastered them by practice and experience." Further: "Physicians forget that laboratory reports are in few instances final, that their value depends in great measure on their relation to the clinical aspects of the situation—that at every point the human element comes into play." And still further: "One of the most important duties of the professor of Medicine is to give his personal attention to the students who are for the first time approaching a patient. It is at this point in the career of the student that the wise and experienced clinician can exercise his most important and lasting influence." There is the *multum in parvo*—the wise and experienced clinician.—*New York Medical Journal,* Jan. 10, 1920.

News Items

THE PATHOLOGICAL COLLECTION OF THE LATE SIR WILLIAM OSLER

We were much interested in Dr. Maud Abbott's short article in the *C.M.A.J.* on the Pathological Collection of the late Sir William Osler. The collection was made by Osler while acting as pathologist to the hospital, and they are housed with full records in the Medical museum of McGill University.

In the collection there is a fine series of specimens of malignant endocarditis, many specimens of aneurisms, cardiac anomalies, gastric ulcers, etc. The reports of his autopsies done at the hospital " fill three large volumes which are written in his own clear, flowing hand, and give evidence to an extraordinary degree of his powers of clear diction and minute observation."

Dr. Raymond Crawford, at a meeting of the Royal Society of Medicine, on January 14th, gave the following tribute to the late Sir William Osler:

" He was a man, the like of whom probably this generation would never see again. As a consultant he brought to the bedside a huge fund of knowledge and experience; as an administrator he showed no dispostion to insist on getting his own way, because he was unwilling to hurt the feelings of any man with whom he came in contact. The papers he contributed to the section had always a peculiar charm, a biographical flavor, revealing a man able to love not only his fellow men just round about him, but mankind as a whole; his interest in medical history was always in persons rather than in principles. In general literature the variety and scope of his knowledge was great. The catholicity of his affection for the humanities was the counterpart of his affection for mankind. It was as though he extended his charity from men to things. This was the reason why the sum total of his interest was so wide. But there was more than this: the real man who was mourned was a man of great loving-kindness; it was impossible to be in his company without feeling the better for it, and without feeling all good fertilized and fructified by his presence. The lesson from his

life was that when the qualities of the heart and of the head were balanced in the scales it was the qualities of the heart which weighed heavier in the sight of one's fellow men."—*British Medical Journal*, January 24, 1920.

SCARCITY OF NURSES

We are told that one hundred carefully selected girls will soon be brought to Ontario by the Government, to be trained for nursing work in Provincial institutions. We are told that arrangements have been made to bring these girls over within a short time. The first party of about fifty will sail from Scotland, March 2nd, and the second party, of the same number, will sail March 19th. The girls will be placed for training in the various Provincial hospitals, with remuneration as follows:

For the first year $25 a month.

For the second year $30 a month.

For the third year $35 a month, with board and lodging in all cases.

It is reported that Dr. C. K. Clarke has resigned his position as Dean of the Medical Faculty of the University of Toronto. For many reasons his withdrawal will be a source of regret to the President, but chiefly because he was a strong supporter of the German methods of teaching medicine, which the President so strongly favors.

Personals

Dr. M. M. Seymour, of Regina, suffered recently from a severe attack of lobar pneumonia, but at last accounts he was said to be making satisfactory progress toward recovery.

Prof J. A. Dale, for some time Professor of Education at McGill, has been appointed Professor of Social Science in the University of Toronto. We are told that this means that he will be Director of its Social Service Department.

We are informed that Dr. H. E. Young, of Victoria, Health Officer for British Columbia, and Dr. R. H. Mullin, of Vancouver General Hospital, are working hard in the interests of the meeting of the Canadian Public Health Association, which will be held in Vancouver, next June.

Dr. Fuller McKinley, C.A.M.C., formerly of West China, announces that he has located at 863 College Street, Toronto, and will devote his attention to diseases of the eye, ear, nose and throat.

Dr. George Porter, of Toronto, delivered an address on Public Health in St. John, N.B., January 12th.

Dr. J. Heagerty, of the Government Quarantine Station at Grosse Isle, Quebec, is at present doing research work at the Connaught Laboratories of the University of Toronto.

Dr. Bow, of Regina, is at present in Toronto taking a post-graduate course in hygiene at the University.

The regular February meeting of the Toronto Æsculapian Club, was postponed in respect to the memory of the late President Dr. H. J. Hamilton.

Dr. John Amyot, C.M.G., Deputy Minister of Health, delivered an address on Public Health before the Annual Congress of the Social Service Council of Canada in Montreal, January 15th.

We are glad to announce that Dr. Frederick Adams, of Windsor, M.O.H. of the border district towns, has quite recovered from his rather serious illness which commenced last January.

Obituary

HERBERT J. HAMILTON, M.D.

Dr. Herbert J. Hamilton, 220 Bloor Street West, Toronto, died at Wellesley Hospital, February 5th, aged fifty-five. He was one of the first to be attacked by influenza in the recent epidemic. Unfortunately he "carried on" too long, and was suddenly attacked, in the house of one of his patients, by what was supposed to be acute dilatation of the heart. Then he was removed to Wellesley Hospital, where double pneumonia speedily developed, and caused his death in a very short time.

He was born in Brampton. He received his preliminary education in Brampton High School, and his medical education in the Toronto School of Medicine. He graduated M.D. from Victoria University in 1885, and M.B. from Toronto University in 1886. He was appointed a resident interne of Toronto General Hospital in 1885, and associated with him were Drs. George Peters, Charles Trow and P. E. Doolittle, of whom the latter is now the only survivor.

After practising a few years near Brampton, he came to Toronto in 1894, and associated himself in practice with Dr. W. P. Caven. He soon acquired a large and lucrative practice which he retained up to the time of his last illness.

He took a prominent part in connection with many medical societies, and was Past President of the Ontario Medical Association, Toronto Clinical Society, and Toronto Academy of Medicine. He was for some years a member of the Senate of the University of Toronto, and also a member of the Ontario Medical Council.

He had many interests outside of pure medicine, and was for many years an active member of the Board of Trustees of St. Andrew's College for Boys, Toronto.

At the Stated Meeting of the Academy of Medicine, Toronto, held on the 2nd of March, 1920, the Fellows adopted the following resolution regarding the death of the late Dr. Herbert James Hamilton, and ordered the same to be spread upon the minutes:

"Once more death has entered our Academy circle and has removed from our midst an esteemed colleague and friend. The late Dr. Herbert James Hamilton was an ardent worker in the

interest of the Academy of Medicine, Toronto. His active hand touched upon many phases of its growth and development, and his mind was much occupied with thoughts for the advancement of its usefulness. He had held at different times the offices of Vice-President, President, Honorary Secretary, Member of Council, Trustee, Member of the Executive Committee, Member of the Library Committee, Chairman of the Publication Committee, and member of a number of special committees. In all these directions his work was very practical and valuable.

"He was a very active member of the Toronto Medical Society, one of the bodies that entered into the formation of the Academy of Medicine. When it was much in need of financial assistance, his efforts in raising the required funds were timely and effective. He held the high office of President in that Society, and did much toward bringing about the union of the Society with others, thereby making the formation of the Academy of Medicine a possibility.

"In the Ontario Medical Association he also played an active and important role, and, in recognition of this, was chosen to occupy the Presidency.

"By his death, while still in his professional prime, his friends, his city, his patients, and the societies of which he was a member, sustained a heavy loss. The Academy of Medicine recognizes this loss in a very special sense, and desires to place itself on record in words of high appreciation of his valuable services in its behalf, and of his fine qualities as a co-worker and companion. In the words of Bailey, the Fellows say of him: 'He most lives who thinks most, feels the noblest, acts the best.'"

An Appreciation.

Almost twenty years have elapsed since I first met Dr. Herbert J. Hamilton on the occasion of his appointment by the Board of St. Andrew's College as visiting physician to the school. During that time he was charged with the direct oversight of the health of all those in residence and with the readmission to classes of day boys, who had been absent through sickness. As might be expected his peculiar duties brought him into close contact with the headmaster, and there was much work for them to do in common, and serious responsibility for them to discharge together.

On being asked to write an appreciation of my old friend

and loyal colleague for a journal devoted to the interests of his own loved profession, I feel that I cannot decline, however humble may be my layman's tribute. It is an opportunity to express my high value of a friendship extending over many years, as well as to voice my esteem of the most excellent character of the services rendered by our old physician in that important department of our common life, for which he was directly responsible.

In common with the majority of the members of his profession Dr. Hamilton possessed a high ideal of the demands of the profession, and this ideal was a controlling factor in all his work, whether in private practice or in institutional responsibility.

Impelled by a strong sense of duty and a controlling habit of thoroughness, his first object was ever the welfare of his patient. Possessing a most acceptable capacity for detail and being a tireless worker, nothing was left undone to meet the situation presented by the patient's condition and surroundings, and it was done without delay. In his work at the school he early recognized that to make the interests of a sick boy of the first importance was at the same time to best conserve the interests of the school itself. Nothing was too much trouble if the patient might profit thereby, and on more than one occasion I have known him to forego plans for a week-end rest out of town, because on the Friday a case developed in the Infirmary which caused him some anxiety. He would desert neither the boy nor the school.

To the routine of observation and care which he introduced at St. Andrew's, we owe much of our excellent health record and freedom from epidemics when contagious diseases from time to time have made their appearance.

As might be expected of a medical man who was never content with his present knowledge and was always eager to keep in touch with the advance in medicine, he developed, what appeared to a layman, an unusual facility in diagnosing boys' troubles, and in defining the different symptoms which from time to time will surely make their appearance in any community of boys.

His common sense and clear judgment, his real affection for boys as such, and his deep interest in that side of his professional work early developed in him a knowledge of boy character, which was of inestimable value, not only to himself but

to the school at large and to the Headmaster, who from time to time referred boys to him.

Dr. Hamilton's interest in the public undertakings of his profession is better known to my readers than to myself and it is not for a layman to dwell long on that side of his activities. Those responsible for the creation and wellbeing of the Academy of Medicine, will be mindful of all he did for that most acceptable addition to the number of public organizations in our community. He was untiring in his efforts to make the Academy a real force for good in Toronto, and its undoubted success has fully justified the activities of himself and those associated with him.

His ardent attachment to the Æsculapian Club, where medical men meet to throw aside professional cares and discuss any subject under the sun, provided it has nothing to do with medicine, led to his being an influential member of that organization, and to his filling various offices therein. At the time of his death he was President of the Club, was responsible for the direction of its affairs, and presided over its discussions.

The little time he gave to recreation during the working days of the year was usually spent at his own billiard table, where many of his friends passed enjoyable hours engaged in playing with him that game of skill. In the summer vacation he was frequently found where the bass were biting, and thoroughly enjoyed the sport of fishing.

Good fighter, generous man, loyal friend and colleague, most efficient physician as he was, Dr. Hamilton will long be missed at the school which was so near to his heart, and in the city generally, where he filled so large a place in general practice and in the activities of his profession.

D. Bruce Macdonald.

St. Andrew's College, Feb. 17th, 1920.

ROBERT J. DWYER, M.D., M.R.C.P. (Lond.)

Dr. R. J. Dwyer died at his late residence, 734 Spadina Avenue, Toronto, January 26th, aged fifty.

He was born at Brampton, Ontario, and graduated in Medicine from Toronto University in 1892. After taking various post-graduate courses, especially in London, Berlin and Vienna, he commenced practice in Toronto, where he was soon

recognized as one of the ablest physicians, and one of the best clinical teachers in Canada. He was for many years chief physician of St. Michael's Hospital, Toronto, and was generally recognized as the mainstay of that excellent institution.

The following quotation from the Toronto *Saturday Night* expresses some very kind and correct views regarding Dr. Dwyer: "There died in Toronto recently Dr. Robert Dwyer, one of the greatest diagnosticians that this continent has produced, a man with a super-normal gift for getting at the root of an obscure malady, and one who possessed a gift for healing that almost amounted to inspiration. Many instances are recalled where he restored sick folk to life and health after others had deemed the task hopeless. Yet it is divulging no secret that he died a very poor man; that he was unjust to himself in his indifference to reward."

Dr. Robert Dwyer was highly respected by his patients; and "Bob" Dwyer, as we all used to call him, was as much loved as he was respected by all who had the pleasure and privilege of knowing him intimately.

Although he had been very active in his profession, he was not really very strong, and for some time before his death he suffered from illness due to disease of the heart.

SIR JAMES ALEXANDER GRANT, M.D.

Sir James Grant, of Ottawa, was for more than half a century the best known physician in Canada. He graduated from Queen's University in Arts (honors in Classics and Mathematics) in 1851, and in Medicine from McGill University in 1854.

He then commenced practice in Ottawa and was soon recognized as the leading physician in that part of Canada.

He took an active interest in politics, was member of the "Old Guard," and an intimate friend and strong supporter of Sir John Macdonald. He was, for some years, sole survivor of the first Parliament of the Dominion of Canada, representing Russell County from 1867-1874. He also represented Ottawa City in Parliament from 1893-1896. He was one of the founders of the Ontario Medical Council, and was a member of that body after its organization up to the time of his death, being president in 1868.

He held the opinion that a man should live to be 100, and many of his friends hoped that he in person would prove his

views correct in that regard. In his eighty-ninth year he was quite healthy and fairly active, but he fell on the street near the Russell House in Ottawa, and sustained an intracapsular fracture of the thigh, January 20th. He was removed at once to St. Luke's Hospital, where he rapidly lost strength, and died February 6th.

WM. A. MOLSON, M.D.

One of Montreal's most worthy and highly respected physicians, Dr. Wm. Molson, died of cardio-renal disease, January 4th, after a prolonged illness. He was, for a long time, on the regular staff of the Montreal General Hospital, and we are told by the *C.M.A.J.* that the early days of his service coincided with the appointment of Sir William Osler, as Pathologist, and for many years Molson encouraged and helped Osler in his good work.

MAJOR HARRY A. KINGSMILL, M.D., M.R.C.S. (Eng.), L.R.C.P. (Edin).

Dr. Harry Kingsmill died at his residence, London, Ontario, February 11th, from pneumonia, aged fifty-three. He took a great interest in military matters, and at the outbreak of the war, became President of the Standing Medical Board. After working on this board for three years, he went overseas and served in hospitals at Shorncliffe and Folkestone.

WALTER W. HOARE, M.D.

Dr. W. W. Hoare, of Walkerville, Ont., died at his home, January 28th, aged seventy-eight. He graduated M.D. from Queen's University, 1864, and after practising there for a few years, removed to Walkerville.

JAMES B. CAMPBELL, M.D.

Dr. J. B. Campbell, of London, Ont., died at his home February 9th. He graduated in Arts and Medicine from Western University, and, after doing post-graduate work in Europe, commenced practice in London about twenty years ago. Apart from active practice he took much interest in the teaching of medicine, and he was for some time Associate Professor of Medicine in Western University.

Selected Articles

AXILLARY DULLNESS IN THE DIAGNOSIS OF PLEURAL EFFUSIONS

By Georges Mouriquand, M.D.
(Professor Agrégé at the Faculty of Medicine.)

Owing no doubt to its comparative inaccessibility many practitioners omit to percuss and auscultate the axilla. The importance of axillary dullness dawned upon me in 1912 when I was in charge of Dr. Chatin's wards at the Charité Hospital at Lyons, where I had many cases of pneumonia in children. In about half these cases the focus of pneumonia was at the base, as shown by dullness which rarely extended to the posterior axillary line, and puncture in the dull area was negative. As the disease ran its course, especially at the time when we were looking for the crisis, we discovered in several an extension of the dullness towards the axilla. A fresh puncture, either at the base or in the axillary dullness, gave exit to liquid, usually pus.

But this axillary dullness in some instances afforded us such early information that we were enabled to diagnose metapneumonic pleurisy during the serous phase, twenty-four or forty-eight hours before the stage of suppuration. My subsequent experience has satisfied me of the value of this sign, and I have now no hesitation in urging it upon the attention of my fellow practitioners.

The normal axilla, medically considered, extends from the bottom of the hollow to a horizontal line passing through the nipple, limited in front by the anterior axillary line and behind by the posterior line; it is divided into two segments by the middle axillary line (anterior and posterior). I have comprised in my observations the sub-axillary line which corresponds to the resonant area situated below the transverse nipple line between the anterior and posterior axillary lines. The resonant area extends on both sides three fingers' breadth below the nipple. Below this we get, on the right side, the liver dullness and on the left gastric resonance. For facility of description we have divided the axilla as a whole into four quadrants, two upper quadrants in front and behind the middle axillary line, and two lower quadrants (sub-axillary), similarly limited.

We will now pass on to the pathological axilla. In serofibrinous (tuberculous) pleurisy an average effusion reaching, let us say, to the lower angle of the scapula, passes into the subaxilla which it renders dull. In such case there is partial dullness extending pretty well into the axillary hollow, though this may only be detected by superficial percussion and comparison with the resonance on the healthy side. Along with this there may be some degree of axillary skodism, and this may precede or, in some instances, be more pronounced than the sub-clavicular skodism.

With the patient lying down the sub-axillary and posterior quadrants present the maximum dullness while the anterior quadrants remain resonant. In the sitting posture the dullness diminishes in the upper part of the posterior axillary segment, but becomes more marked in its lower part and makes its appearance in the lowest part of the anterior axillary segment. This displacement points with certainty to the presence of fluid (see later with reference to enlarged liver).

In more copious effusions where the dullness extends distinctly above the angle of the scapula, the axilla is frankly dull throughout and the dullness may extend to the infraclavicular region should it further increase. On the left side the axilla is frankly dull long before the resonance of Traube's space begins to diminish. In small effusions extending, for instance, not more than four fingers' breadth above the basilar line, it usually passes into the sub-axilla, the dullness occupying the posterior, and sometimes the anterior, quadrant with the patient sitting up. Very small effusions, usually the starting point of more copious effusions limited to the extreme base, do not, as a rule, invade the axilla.

This axillary dullness retains its semiological value in presence of purulent effusion into the pleural cavity. In a score of cases I have thus been enabled to diagnose cases of empyema that had escaped notice.

Axillary dullness is also met with in non-liquid pleural affections, in primary or residual symphysis, but in this case, of course, the level of the dullness does not change when the patient alters his position. For that matter, it must not be forgotten that an effusion may quite well exist behind the thickened pleura. If we suspect pus, deep, repeated exploratory puncture will be required; it may even be necessary to have recourse to an exploratory thoracotomy.

It is interesting to compare these axillary manifestations of pleural affections with those of pulmonary condensation capable of imitating them. Let us take, for example, pneumonic hepatization of the base, all the more so seeing that at the issue of an attack of pneumonia we are often called upon to decide the question whether there is or is not an effusion over and above the hepatization.

In the average case in which the dullness reaches to the angle of the scapula, I found that in the majority the dullness reached exceptionally the posterior axillary line. This was usually resonant; indeed, I sometimes found a positive tympanism of the axilla and sub-axilla conditioned by the vicarious emphysema. In other, less numerous, instances the pneumonic *bloc* reached to the posterior axillary line and even the sub-axilla, the axilla remaining resonant (absence of fluid, as shown by puncture of the base and of the sub-axillary area of dullness). In these cases the upper line of dullness curves towards the sub-axilla from above downwards in contrast with the upper line of dullness in average cases of pleurisy with effusion where the line as a rule curves towards the axilla from below upwards following Demoiseau's curve.

This differing direction of the upper lines of dullness in pleurisy and pneumonic hepatization strikes me as being of the greatest assistance in distinguishing the pulmonary or pleural origin of dullness occupying the lower third of a hemithorax. When dullness of pneumonic origin, which has been stationary behind the posterior axillary line or has discreetly crossed it into the sub-axilla, suddenly starts rising rapidly towards the axillary hollow, and especially if at this level it exceeds the height of the posterior dullness, it is highly probable that there is effusion as well. Puncture has revealed its existence in almost all cases of this kind. In certain cases of "massive pneumonia" resonance in the axillary hollow may be comparatively retained at a time when the posterior dullness rises much higher.

Spleno-pneumonia closely resembling pleurisy. In some eighty cases I have sought to ascertain whether axillary observation would enable me to differentiate the two affections. To begin with, I noticed that—in contrast with ordinary pneumonia—spleno-pneumonic dullness pretty often turns into the sub-axilla, but in three-quarters of my cases the axilla itself was, at any rate, partially respected, and in any case the axillary dullness usually did not reach up as far as the posterior dullness.

The supervention of marked dullness in the axilla in the course of a spleno-pneumonia, enabled me to discover (in several recent cases) that an effusion had taken place in addition to the pulmonary processus as was confirmed by exploratory puncture.

In some cases of enlarged liver (amibiasis-cirrhosis) there is often sub-axillary dullness which may rise in the sitting position (which pushes the liver up into the thorax), and fall when lying down, and more particularly when standing. Superficial examination might, under these conditions, lead one to think that there was variation of the liquid level, but abdominal palpation revealing the marked hypertrophy, auscultation of the bases and radioscopy will assist in dissipating this error.

We need only say one or two words in reference to localized pleuro-pulmonary processes in their bearings on axillary dullness. Interlobar pleurisy may present purely axillary manifestations. In four out of six cases recently under observation there was suspended dullness in the armpit running little or not at all into the infra-spinous fossa. In three of these cases puncture showed the presence of pus. The two other cases presented dullness in the external part of the infra-spinous fossa and axillary resonance was retained (verified by radiology or puncture).

Old-standing pleural patches of thickening may also give the sensation of suspended axillary dullness and, as we have previously pointed out, this dullness may also be present in cases of pneumonia of the apex or of the middle area showing with the rays a triangular shadow with the axillary basis. But this dullness as a rule is not well marked, especially in children. It was markedly present, however, in five cases of pneumonia in adults with the axillary triangle, and in five cases of primary tuberculous hepatization, showing the same shadow on the screen.

To sum up, my experience, bearing on upwards of a thousand cases, is that:—

(1) Given a posterior thoracic dullness the presence of an axillary (and even sub-axillary) dullness should lead us to suspect the existence of a pleural processus (effusion or symphysis).

(2) In acute or sub-acute thoracic processes, axillary dullness, properly so-called in upwards of three-quarters of the cases, implies the presence of liquid (especially when the level of the axillary dullness is higher than the posterior dullness). The

mere existence of sub-axillary dullness under the conditions mentioned above, implies fluid in about half the cases.

(3) When he meets with this dullness the practitioner should always make an exploratory puncture which, by early revealing the presence of an effusion, will pave the way to prompt surgical intervention in infective pleural processes.—*Medical Press.*

HYPERCHLORHYDRIA AND ITS TREATMENT

By Dr. H. Ewan Waller.

Hyperchlorhydria is at present so common that its due recognition and treatment are important. The symptoms vary according to the stage which the malady has reached. In its simplest form there is little more than a feeling of hunger, or "sinking," or "emptiness," accompanied by slight tenderness in the epigastrium. This feeling is rapidly relieved by food, or by an alkali, but often it recurs, sooner or later, according to the size of the meal or the dose of alkali. So far the problem is purely a chemical one. Meat, fish, and eggs convert the acid into acid-albumin, and are the most efficacious food remedies. Any food containing alkalis will act proportionately to the alkaline content, and with fluids of any kind will dilute the hydrochloric acid, and so give some measure of relief, usually transient. Thus, in a mild case, a patient may have no discomfort till about noon or a little later, then feels "sinking" till the midday meal, which gives complete relief for a time, according to quantity and quality, the larger the better. Discomfort may return before tea, and be relieved for a short time by that meal. But sometimes no further trouble is experienced till an hour after the tea meal, which seems actually to cause indigestion. The reason is that the small, usually saccharine and starchy meal stimulates the stomach, which in its hypersensitive state responds by an excessive secretion of acid. Relief is obtained by a dose of sodium bicarbonate, the effect of which may last till the evening meal, which provides a still further respite, possibly till the following day, when the same train of events recurs. At this stage the appetite is usually unimpaired, and the patient "can eat anything." If the case be somewhat more severe the victim will wake in the night, from two to four

A.M., with the same symptoms, and there may be nausea with want of appetite, or actual vomiting may occur. In a still later stage the mucous membrane of the stomach may be so sensitive that the ingestion of solid food may produce pain by mechanical irritation. In such a case, of course, ulcer must be suspected. This is a point on which it is very difficult to be certain.

The picture I have drawn would pass very well for a text-book description of the symptoms of duodenal ulcer, the characteristic feature of which is said to be "hunger pain," *i.e.*, pain occurring several hours after a meal, and usually in the night. But as a matter of fact I have seen so many of these cases relieved so rapidly by the treatment shortly to be described, that it is very difficult to believe that ulceration had occurred. On the other hand I have seen perforation occur in a case where the patient believed herself to be in excellent health, and only occasionally suffering from "indigestion," for which she found sodium bicarbonate an effective remedy. Hæmatemesis and melæna are practical proofs of ulceration. Repeated vomiting is suggestive. Information may sometimes be obtained by bismuth meal and X-ray examination. In inquiring as to melæna it must not be forgotten that bismuth has usually been given to these patients, and its effect upon the stools will naturally cause the patient to say that he *has* passed black motions.

In the absence of definite proof of an ulcer, and possibly also in that case, the first essential is to treat the hyperchlorhydria. The ideal treatment, of course, would be to prevent its occurrence. We must inquire then why it occurs. I regret that I cannot answer the question concisely, though I regard the following as a good working theory. The theory is that the stomach is a protective organ, and under certain conditions becomes a receptacle for toxins or poisons which are *excreted into it* to be destroyed by digestion, or possibly vomited. The arguments in favor of this theory are the following:—

(1) Appendicitis, mucous colitis, cholecystitis, and other abdominal infections are usually associated with symptoms of hyperchlorhydria, and not infrequently with its sequel, gastric or duodenal ulcer. The condition is often passed over as a "reflex dyspepsia," and, as I think, its true significance is lost sight of.

(2) In predisposed subjects I have repeatedly seen an attack of hyperchlorhydria follow the injection of a dose of vaccine or tuberculin.

(3) Vomiting at the onset of an acute illness, such as scarlet fever or pneumonia, is readily explained on this hypothesis.

(4) There are certain drugs for which the victims of hyperchlorhydria show marked intolerance, owing to the fact that the drug rapidly causes an attack. I have seen this particularly in the case of tinct. iodi mitis, and also with arsenic, and sometimes liq. hydrarg. perchlor. Ammonium chloride will also cause hyperchlorhydria, but this is probably by chemical interchange, as in the case of common salt, which should as far as possible be eliminated from the dietary of these patients.

(5) Pyorrhœa and oral sepsis are often associated with hyperchlorhydria, which clears up on removing the cause.

In all the cases mentioned above it would appear that the hyperchlorhydria is protective, and there is sufficient reason for its occurrence.

In some cases there is apparently a neurotic element. Rushing away to work immediately after a hurried meal is certainly a potent cause, and worry or anxiety are also important factors. I have seen the whole condition clear up within two or three days of taking a strenuous holiday, when it had previously lasted for several months. In this case, however, there is an alternative explanation. It is possible that the physical exercise taken on the holiday was the curative element, rather than the relief from mental strain. Exercise, for instance, may improve the activity of the liver, a potent destroyer of toxins. And the liver, having destroyed the toxins, removed the necessity for their elimination or destruction by the stomach.

Enough, then, has been said to show the lines on which preventive treatment must be carried out. Let us next consider how to relieve the condition medicinally. In the way of drugs I have had most success with carbonate of magnesia and hyoscyamus. Mag. carb. levis makes a nicer mixture than mag. carb. pond., which is usually gritty. Patients with hyperchlorhydria are usually constipated, which is perhaps fortunate, as it enables one to give an adequate dose of mag. carb. without purging. The dose should be 20 to 30 grains. If there be fear of purgation, creta precip. can be added, and the proportion of the two drugs can be regulated according to the needs of the patient. Bismuth has a similar effect, but is constipating and expensive. I gave it up during the war, and really have got on just as well without it, or even better. Incidentally, proof of the excessive acid in the stomach is forthcoming in the form

of eructations of CO_2 which occur very shortly after taking the carbonate. This is a theoretical objection, which might be met by giving hydrate of magnesium or of bismuth, but the extra cost of the preparations available, and the difficulty of dispensing some of the hydrates, which tend to cake in the bottle, somewhat counter-balance the possible advantage. The alkaline earths succeed better than bicarbonate of soda, because of their insolubility. The carbonate of magnesia, for instance, coats the walls of the stomach, and remains there till dissolved by the HCl. The sodium salt, being much more soluble, may soon be carried away from the scene of action, before secretion of HCl has ceased. At the same time, it is advisable to give bicarbonate of soda in the mixture because it is available for immediate use, and will therefore save much of the mag. carb. in the stomach for a more prolonged or deferred action. With the alkalis I usually give hyoscyamus or belladonna, both of which drugs are sedative, antispasmodic, and possibly check hypersecretion. I have more experience of hyoscyamus than of belladonna. The dose should be 30 minims of the tincture, or its equivalent in one of the concentrated preparations. I have never seen any ill results from these doses, but if the mixture has to be taken more than thrice daily, one would of course watch the effect on the eyes and lessen the dose if needed.

There is one other point to be mentioned, and that is the use of internal antiseptics. In certain cases I have seen benefit follow their use, when relief afforded by alkalis was too transient. This fact suggests that some fermentation or bacterial infection of the stomach may have been the cause of the hyperchlorhydria, which again was protective—a measure of self-defence on the part of the stomach. In any case there is no reason why such an antiseptic should not be included in the prescription or administered separately. Sulpho-carbolate, salol, thymol, and "yadil" suggest themselves. With reference to the last I have seen undoubted benefit in some cases. But it is objectionable to many patients, and usually causes nausea and occasionally vomiting, unless taken very diluted. The dose, in my opinion, should not exceed 30 minims, though it may be repeated, even every two hours if necessary. I have used it largely in influenza with great benefit, but have sometimes seen it followed by symptoms suggestive of hyperchlorhydria so am not very confident in recommending it for the relief of that condition.

To sum up, then. In cases of hyperchlorhydria, look for possible causes—teeth, tonsils, nasopharynx—and examine abdomen carefully. Having eliminated possible causes, treat the symptom itself with alkalis, the sheet anchor being a mixture containing magnesium carbonate and hyoscyamus.—*The Prescriber.*

Vaccination Without Scar

An ancient joke relates that a "chorus lady," requiring vaccination, insisted that it be done so that the scar would not show. As a result, she took the virus in a spoon. It now appears that there may be another way of avoiding the scar without resorting to a spoon, viz., by hypodermic injection. During the last four years Major Goodall, of the Canadian Army, has been experimenting with such a method. After using it on 6,000 soldiers and children he claims these advantages: (1) the absence of an open wound subject to infection; (2) the ability to dispense with dressings; (3) the high percentage of "takes"; (4) the comparative mildness of the local and systemic reactions; (5) the rapidity, and (6) the great ease with which it can be done in children. There were no accidents in his series. One man had a small slough which later healed over without any difficulty, and a few others had badly swollen arms. The advantages of such a method, if perfected and found reliable, are so obvious that it is not surprising that others have experimented with it in the past. Chauveau was probably the first, in 1886-1887, to show that it could be used in animals and in man. He tried it also intravenously. It would seem from the experiments of Kraus and Volk that Goodall might have lessened the severity of his reactions by using one thousandth of the dose. As would be expected, only very small amounts of the virus are needed for the subcutaneous injection. Casagrandi and later Knoepfelmacher showed that enough of the virus passes through a Chamberland candle to permit the use of the filtrate for subcutaneous vaccination. The literature is summed up by Knoepfelmacher; he was not satisfied at that time that the immunity conferred with this method would be as lasting as that with the old. In view of the importance of the suggestion, it is desirable that two questions be settled; first, whether or not the method actually produces an immunity, and second, the permanency of the immunity.—*The Journal of the American Medical Association.*

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The Death of Tissues and the Life of Protoplasms

Until a few years ago, it was assumed that the life and development of tissues and their constituent cells are bound up with the body as a whole. Body cells had not been "cultivated" in vitro in the way that has become familiar in the growth of micro-organisms of various sorts. The pioneer experiments of Harrison showed the possibility of cultivating tissues outside of the body by the demonstration that embryonic tissue of the frog, transplanted into coagulable lymph, will develop normally. Subsequently Carrel and Burrows succeeded in cultivating outside of the body adult tissues of mammals. These possibilities have since been demonstrated repeatedly by various investigators in different parts of the world. Not only normal but also malignant tissues have thus been grown in culture.

At first, before the experimental technic was developed to its present stage of perfection, the life of the tissue cultures outside of the body was brief. It was measured in days or weeks. When Carrel announced, in 1912, that fragments of connective tissue had been kept in vitro in a condition of active life for more than two months, the problem of senility and death were put in a new light. Are they preventable occurrences due to the accumulation of waste or the lack of nutriment or some other remediable or avoidable factor? As Carrel remarked in connection with these earlier observations, it is conceivable that the length of life of a tissue outside of the organism could greatly exceed its normal duration in the body, because elemental death might be postponed indefinitely by a proper artificial nutrition.

Colonies of infusoria like bacteria proliferate indefinitely. Woodruff has shown that the protoplasm of paramœcia is capable of seemingly endless reproduction, without the sexual device of "renewal of youth" by conjugation. Likewise, the connective tissue cells now appear to have the power of multiplying indefinitely in a culture medium, as do micro-organisms. A strain of connective tissue cells first cultivated by Carrel in 1912 at the Rockefeller Institute of Medical Research, New York, is still very active after more than seven years of life outside the body in vitro. Its rate of activity has not decreased during this

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period, despite more than a thousand transplantations that fragments of it have undergone. Such facts place the regenerative capacities of protoplasm in a new light; they likewise lend further interest to the broader problems of tissue culture and conservation, and bring us measurably nearer to the possibilities of controlling or modifying tissue growth by understanding its laws.—*The Journal of the American Medical Association.*

The Making of Neurotics

There is a widespread belief among the lay public that if a physician has specialized on the removal of tonsils, all his patients become *ipso facto* candidates for a tonsillectomy; that he who calls a right quadrant abdominalist must perforce lose an appendix; that the oculist must inevitably order glasses; that just as the barber either shaves or trims as many of his customers as he can, so does the physician or surgeon, according to his pet procedure.

A good many of the illnesses for which patients seek relief have a neurosis as their basis of origin, and the right abdominal pain, the visual disturbance, or the headache are merely pegs on which to hang unconscious malingering. Too frequently the peg is supplied by the too zealous, but not over-careful, physician who, by his acts or utterances, implants the idea that a certain physical ailment exists, and immediately it is created mentally by the patient. The application of the treatment, which would be appropriate if the condition were real, often follows, too frequently on the principle that good may result, and certainly no harm. Harm has been done, however, in that the foundation of a neurosis has been laid; the patient begins to circulate from specialist to specialist, and by the time a neuropsychiatrist has been reached, the damage has been done.

The differentiation of the imaginary from the real is sometimes very difficult. Frequently the case is in a twilight zone between the true and the false, and will puzzle even the most expert mental analyst. As a rule, though, mistakes may be avoided with relative ease if the physician will realize that in addition to a number of organs, some of which are embraced in his pet specialty, the patient also has a mind. Conversely, it would be equally proper for the psychiatrist to remind himself that the sufferer possesses organs. A careful surgeon does not operate until an accurate physical examination has been

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made. Is not a mental examination equally important? A skillful physician does not employ harmful methods in making physical examinations. Is it not quite as harmful to plant erroneous mental suggestions in the making of an examination? If we are helping to swell the rapidly increasing number of neurotics, is it not our duty to observe a few of the simple precautions which will put a stop to this?—*New York Medical Journal.*

Surgical Shock

The modern view of the term "shock" appears to be that it is the name of a syndrome which may be induced by such very different causes as loss of blood, toxæmia, whether from intestinal paralysis, absorption from crushed or infected tissues, concussion emotion, manipulation of viscera, amputations involving high divisions of nerves and lastly, cold. There is no agreement as to how these various causes act, and till recently, the constituent elements of the shock syndrome have been the subject of long controversy, but as a result of the immense opportunity of war, a measure of agreement has at last been reached. The view held to-day by the majority of British observers is that these elements are four in number:—(1) The capillaries are more permeable, and thus (2) the volume of circulating blood is reduced; (3) pressure in the arteries is diminished, and (4) the oxygen supply to the tissues fails. Rendle Short has shown that in the brain this failure causes a chromatolysis in the sensory nuclei, which he has failed to find in the motor nuclei or in the nuclei of the spinal cord. Surgical observation has repeatedly disproved the statement that, like a hutch-rabbit held up by the ears, a shocked subject bleeds to death into his visceral veins. These veins are not engorged in shock. Opinion insists on three factors in treatment. First, the restoration of heat to the body; second, the replacement of fluid in the vessels, and third, the reduction of toxæmia when it is present, by disinfecting damaged tissue, by removing it when destroyed and, by gentle handling, avoiding its destruction. As regards the replacement of fluid, the Medical Research Committee on surgical shock favors the 6 per cent. gum acacia solution in normal saline, due to Bayliss, which is transfused intravenously. The colloidal gum which cannot pass through capillary walls permeable to crystalline solutions, keeps the blood fluids within the capillaries by its osmotic pressure.

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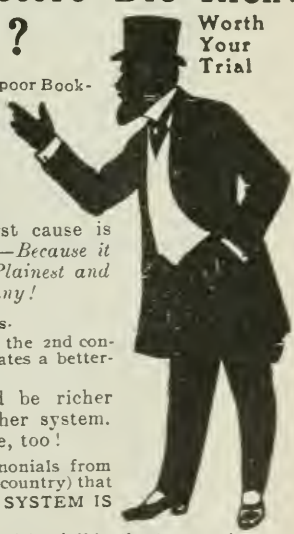

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Pharyngeal Pain in Influenza

G. V. T. Borries (*Ugeskrift for Laeger.*)—One of the many complications of influenza is a sense of acute pain in the throat unaccompanied by any sign of organic disease to account for it.

A man, aged forty-two, developed typical influenza associated with a mild attack of bronchitis. He consulted the writer for severe pain in the throat at the level of the larynx. For three days and nights he had hardly slept, in spite of taking morphine to relieve the pain. He had also hardly been able to swallow water; sometimes he had had to spit it out because he could not swallow it. He described the pain as resembling that which he had experienced when suffering from a peri-tonsillar abscess some time ago. On examination no morbid change could be found apart from slight pharyngitis, acute laryngitis, and rhonchi audible over both lungs. The pain was probably due to neuralgia or myalgia of the wall of the pharynx.—*The Medical Review.*

The Prolonged Serum Treatment of Haemophilia

P. Emile-Weil (*Bulletins de l'Académie de Médicine*).—In 1907 the writer reported to the Congress of Medicine at Paris, the case of a man, aged twenty-six years, who since infancy manifested hæmorrhages with quasi-regularity—hæmarthroses every month and hæmaturia four times a year. He was injected six times during a year with serum, human or animal, and the hæmorrhages ceased. At the same time his blood, which before treatment coagulated in four and a half hours, showed only the slightest delay in coagulation. The case was followed for five years during which twenty c.c. of serum were injected every three months at first, and then every two months. No spontaneous hæmorrhages occurred, but the blood did not become altogether normal and the

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hæmophilia persisted in slight degree, for when he cut himself he bled more than a normal person, but never dangerously. Of the great number of hæmophiliacs who have been under the writer's care only six others submitted to prolonged treatment. Five obtained the same attenuation of the disease, and the complete disappearance of recurrent hæmorrhages (hæmarthroses, hæmatomata, etc.). The abnormalities of the blood greatly diminished but never disappeared. In the sixth the amelioration was the least; the recurrent hæmatomata continued. The curative action of serum injections in hæmophilia is generally admitted, but what the writer insists on is the preventive action of continuous treatment. By it the diathesis can be made to "age" artificially in a few months, a process which naturally requires years.

Although the injections realize the most favorable conditions for severe anaphylaxis such never occurred. One patient received thirty injections in six years, others twenty and still others twelve without ever being really ill. Nothing more serious than some fever, slight arthopathy, or urticaria, was observed. These complications appeared most irregularly. One patient showed them on the seventeenth injection who never had them before or afterwards. Others had them after the first and not after the later injections.—*The Medical Review.*

Thyroid Treatment in Alopecia Areata Maligna

James Straudberg (*Acta Medica Scandinavica*), reports nine cases, three of them in women and six in men, in all of whom the alopecia areata had progressed to almost complete baldness. In none of these were endocrine disturbances demonstrated with certainty. Syphilis was shown to be present in only one case. Two had dementia præcox. In three of the cases there was a renewed growth of hair as a result of the thyroid treatment, which was given in tablets of 0.10 to 0.15 grams (two or three grains) three times a day. In two other cases the treatment was of too short duration to draw any conclusion. In one case that did not respond to thyroid medication, a new growth of hair appeared during a subsequent pregnancy, only to disappear again at the onset of menstruation. In one of the dementia præcox cases the patient was not benefited by organotherapy, but a hirsute development set in with the improvement of the psychic condition.—*New York Medical Journal.*

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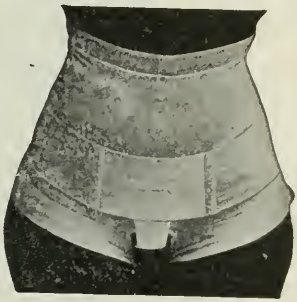

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Miscellaneous

The Decline of Vaccination

It is worthy of note that if the present rate of exemptions continues, in a few years 50 per cent. of the children born in this country will be unvaccinated. According to statistical evidence in the forty-eighth annual report of the Local Government Board, just issued, the decline began in 1900. In that year the percentage of successful vaccinations was 68.7, the percentage of exemptions being 4.3. In 1917, the percentage of the former was 43.3, the percentage of the latter 37.9, while in that year 12.0 per cent. of the children born were unaccounted for so far as vaccination was concerned. There are two districts in England which hold the record for the largest number of unaccounted cases—namely, Trowbridge and Melksham; the percentage in this case amounted to 57.4. Presumably, in these unaccounted cases, the law has been evaded; evasion would be possible by migration into other districts. In Woolwich, out of a hundred births, only 5.1 were classed in 1917 as unaccounted for in respect to vaccination. The population in this district being mostly employed in the dockyards, the question of migration would seldom arise. The anti-vaccinationists have done their work effectively. In these days we do not hear much of their activities. Exemptions are probably claimed now as a matter of form, the conscientious objection being only advanced when required. The populace may have come to believe that smallpox is not a disease to fear, owing to the infrequency of its occurrence, only eight cases having been notified during 1918, and half this number for each of the two preceding years. Why then subject children to the ordeal of vaccination? That, apparently, is the question which intrudes itself into the minds of the objectors, poisoned in their judgment as they have been by the grossly false statement urged by the anti-vaccinationists, that vaccination is a cause of tuberculosis and syphilis. How a calf can acquire syphilis, or how it can be tuberculous when every precaution is taken to prove that it is not, are matters which are ignored. Many other diseases have been attributed by the ignorant and prejudiced to vaccination, without the

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least foundation in fact. In some recent inquiries by Professor W. M. Welch, of the United States, it was found that of 5,000 cases of smallpox, the mortality was as follows: With good marks of vaccination, 8 per cent.; with fair marks, 14 per cent.; with ill-defined marks, 27 per cent; in the unvaccinated, 58 per cent. Furthermore, before the days of vaccination in England, about 18 per cent. of all deaths were due to smallpox, and this disease, apart from its disfiguring effects, was the chief cause of blindness in the population. Some day there will be a great awakening of the public conscience in this regard, lamentations and mournings and woe to make it ever memorable.—*The Medical Press.*

Side Lights on Cascara

Physicians frequently refer to Parke, Davis and Company as the cascara house—for it was this Company which introduced Cascara Sagrada forty-three years ago. Cascara was unknown to the medical profession until Parke, Davis and Company—with the assistance of prominent physicians, chemists, botanists, and pharmacologists—studied the drug and definitely established it as a therapeutic agent.

Cascara immediately sprang into popularity with physicians. It became a subject of discussion in medical meetings—not only in this country, but on the other side of the Atlantic. It was directed to the attention of the British Medical Association at a convention in Cork, Ireland, as early as 1879. It wasn't long before cascara was being prescribed by medical men all over the world. To-day the drug is recognized by every pharmacopœia except the Finnish and Portuguese. It has come to be looked upon as an essential in medical practice.

Fluid Extract of Cascara (P. D. and Co.) is an ideal product. It contains all of the tonic-laxative constituents of two-year-old bark of *Rhamnus Purshiana*, the true cascara. The dose is about one-half that of ordinary fluid extracts of cascara.

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As a safeguard against having worthless imitations of the preparation dispensed, it is suggested that the physician use the name

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which is non-descriptive and more distinctive, when prescribing GLYCO-HEROIN (SMITH) for **Cough, Asthma, Phthisis, Pneumonia, Bronchitis, Laryngitis, Whooping-Cough and kindred affections of the respiratory system.**

DOSE—The adult dose is one teaspoonful every two hours, or at longer intervals as the individual case requires.
For children of ten years or more, the dose is from one-quarter to one-half teaspoonful; for children of three years or more, five to ten drops.

The composition of GLYCO-HEROIN (SMITH) has not been modified in the slightest degree

MARTIN H. SMITH COMPANY
New York, U.S.A.

The Ex-Kaiser's Health

As the time draws near for the trial of the ex-German Emperor, a point in the medical aspect of the case is whether mentally he can be regarded as capable of pleading. The most recent reports upon the state of his health raise some doubt in connection therewith. The Hague correspondent of the *Berliner Tageblatt* describes an assemblage of symptoms which can only be interpreted as indicative of advancing organic cerebral changes. In conversation his face is reported to lose its expression, and his gaze to become vacant; tremors of the arms and legs have become a distinctive feature; corpulency is marked; his speech is slow—the opposite to his wonted manner; he has greatly aged. There are times when he still exhibits some active intelligence, but these are variable, and occurring only at intervals. Mental excitement alternates with depression. It is impossible to ignore the significance of these symptoms. At least they suggest, in view of his trial, that expert inquiry should be directed in relation to his capacity for pleading. Medical opinion in this country is now accumulating to the effect that the ex-Kaiser is probably afflicted with general paralysis of the insane, a progressive and incurable disease, in its earlier stage. If, on inquiry, this should prove to be the case, a new factor will be introduced into the trial which cannot fail to affect materially the course of the contemplated proceedings.—*The Medical Press.*

Personal Identification by the Skeleton

The late distinguished forensic expert, Lecha-Marzo, published just before his death a little work on this subject (Castellanos in *Vida Nueva* for August), which deals especially with the case of a collector of rents who had vanished with a shortage of 15,000 pesetas. This was in 1877 and after the expiration of forty years the remains of a skeleton brought to light were thought to belong to the missing man. The court invoked hastily pronounced identification impossible, but the matter was subsequently put up to Lecha-Marzo. The latter was requested to reply to certain queries: Were the remains those of Jiménez, the missing rent collector; and did death come to him in a violent form? The expert first decided that the skeleton was that of a male as a result of study directed to the pelvis, lumbar vertebræ, and ribs; next he fixed the age as that of an individual not over 30 years and

more than 20. This was determined wholly by skeletal development with special reference to consolidation of certain sutures and epiphyses. The first experts gave the age as 30-35, but Lecha-Marzo in his turn proved that it was close to 30 which was the age of Jiménez. The height was determined by the method of Rollet as 1.769 meters, which coincided with the height of Jiménez. The character of the bones showed them to belong to a man with large extremities and poorly developed thorax, which agreed with the habitus phthisicus and with the constitution of the missing man. The lower jaw with its dentition was a valuable means of identification, since the teeth showed caries of the third degree and a missing third molar which had been extracted. There were no fillings to serve for identification. In regard to the mode of death the only evidence which could have been adduced dealt with a possible cranial fracture. Of this there was at least suspicion but one would have to discount the blows of implements made in unearthing the remains.—*Medical Record.*

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THE CANADIAN MEDICAL PROTECTIVE ASSOCIATION

Organized in 1901, at the Winnipeg meeting of the Canadian Medical Association. Incorporated by Act of Dominion Parliament, February, 1913.

OBJECTS—Defends its members against cases of alleged malpractice. Annual fee three dollars, half rates from July 1st. Qualifications for membership: All members of the Canadian Medical Association in good standing, may be enrolled upon the payment of the annual fee. All other regularly qualified practitioners may join by having their application approved by any two members of the Canadian Medical Protective Association.

Blank application forms and other information upon request.

Address all correspondence to the Secretary-Treasurer.

R. W. POWELL, M.D.
(President)
180 Cooper Street, Ottawa

J. F. ARGUE, M.D.
(Sec.-Treasurer)
116 Nepean Street, Ottawa

"Too Old at Forty"

A notable feature of the war was the predominance of the "young man" as a factor of its success. It was not that the young man was placed on trial in competition with his seniors, but that he forged ahead of them irresistibly, displaying a capacity which at once declared his superiority. Things were in his favor. The war presented him with an opportunity, stimulating the best that was in him. He found himself confronted with a demand for meeting the exigencies of a task in which novelty was an abiding feature; the buoyancy of young age responded to the unwonted stimulus; enthusiasm followed, and with enthusiasm came the revelation of power, in many instances not far removed from genius. Although there were notable examples among those of senior years of rising to the occasion, the sobering influence of peace times acted to their disadvantage; the response to a new and exacting demand upon their capacity was not generally a common feature; the sudden strain upon their physical and mental energy thrust upon them found them unprepared, without the resources of younger life to rely upon. Common experience teaches that the zest of living diminishes as age advances; the glamor of contending with difficulties as a pretext for putting forth strength has then lost some of its attractions. In such cases it may be that ordinary routine can be encountered and dealt with efficiently. But the margin is limited for keeping pace with new and exacting demands the successful accomplishment of which provides youth with the opportunity of exhibiting the value and superiority of a natural exuberance. War as a test of human endurance is exceptional; the genius of the greatest general would fail in its purpose were his troops to be of the same age as himself; youth is the abiding and necessary factor which makes victories possible, no less in the fighting men than in the commanding officers acting with them. However much the "too old at forty" dictum, erroneously ascribed to the late Sir William Osler, was discounted by the value of the work discharged by old men conscripted for military duties during the war, it was still the youth of the nation upon whom the fighting fell, and herein is illustrated that in war, "too old at forty" is a truism. While ascribing full credit to the patriotic response displayed by the elderly members of the community, by the women and other workers, demanded by the war, the fact remains that the war was directly won by the youth of the Empire.—*Medical Press.*

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Original Communication

SYPHILIS AND GONORRHOEA FROM THE PUBLIC HEALTH POINT OF VIEW

By R. R. McClenahan, B.A., M.B.,
Provincial Board of Health of Ontario.

As a great deal of interest in syphilis and gonorrhœa has been aroused of late years, and as the seriousness of these diseases with the resulting loss to industry has been brought to the fore, the measures being taken from a public health standpoint by the Provincial Board of Health of Ontario will, no doubt, be of interest to the profession.

On the advice of the Provincial Public Health officials, the medical profession, and prominent social workers throughout Canada, the Canadian Government made a grant of $200,000 (this to be a yearly grant to last for at least three years if conditions warrant it) towards combatting venereal diseases. This grant was divided among the provinces according to population, and was given on the understanding that the provinces would advance an equal amount. $10,000 of this grant was made to the Canadian National Council for combatting venereal diseases, a voluntary organization whose aim was along the lines of education, advertising and propaganda. The share allotted to the Province of Ontario was $57,473.68.

The Ontario Government advanced an equal amount, making the total sum of $115,000 available for the campaign in Ontario.

A Division of Venereal Disease is being organized. This

bureau will have charge of the effort of the Provincial Board of Health. It is proposed to divide the campaign into two heads:

(1) Education.

(2) Treatment.

Education.

The most important part of the campaign is education along public health lines. This education will be general in character. It will embrace the medical profession, dentists, druggists, nurses, public men and business officials, social workers, and the general public. A very excellent scientific book called "To-day's World Problem in Disease Prevention," written by Dr. John A. Stokes, of the Mayo Clinic, is now in the printer's hands, and will shortly be available for all medical men free of cost. This book takes up the venereal diseases in a practical and interesting way, and will, no doubt, be of great value to medical men throughout Ontario.

Pamphlets and bulletins are in course of preparation for dentists asking their support and also for druggists enlisting their support to fight the dangers of quacks and self-treatment.

The Venereal Diseases Act and the Regulations are being strengthened and improved so that the treatment of these diseases may be made more efficient.

Pamphlets will be printed suitable for all classes, including nurses, social workers and the home. Lecturers will be sent out where desired to put the dangers of these diseases fairly before the public. There will be an advertising campaign carried on in newspapers and periodicals in Ontario. It is also proposed to show films from time to time on the venereal problem. The Canadian National Council for combatting venereal diseases has such a film which will be shown very shortly throughout Ontario. All available methods for placing the venereal problem before the public will be used.

Treatment.

No campaign of this character, however, can be complete unless adequate free treatment is provided as well. At the present time all cases of venereal diseases in reformatories and prison farms, etc., are being treated by a specialist medical officer employed by the Provincial Board of Health. All inmates of prisons, reformatories, jails, etc., are examined for venereal disease—smears are taken on all women and on men

if considered advisable. All inmates have Wassermanns taken on admission. All cases are treated and kept in institutions until considered safe from a public health standpoint, whether this necessitates their being kept over their time or not. These cases when set free are referred to the local Medical Officer of Health for further treatment or observation as necessary.

A license to manufacture an arsphenamine product has been given to the Board. Through it the Board has power to sell or give free of charge an arsphenamine product to its clinics and also to hospitals and institutions throughout the province. It is expected that the product will be available in two months' time.

The Board is arranging to establish special treatment clinics in the larger cities throughout the province for the free treatment of venereal diseases. These clinics are being very generously dealt with and it is hoped that the treatment they will be able to give those infected and in need of free treatment will be of help in preventing the spread of these diseases.

The following proposition is being presented to the municipalities where, in the opinion of the Board, a clinic is advisable. A schedule of apparatus and furnishings suitable for the adequate treatment of these diseases has been drawn up and will be part of the standard equipment required before Government aid will be given the clinic.

The Board feels that the choice of a site for the special clinic or clinics in the various municipalities should be left to a certain extent in the hands of the local authorities who understand local conditions. The Board would suggest, however, that where facilities already exist, as in the case of hospitals, etc., other things being equal, these facilities should be used. The Board will afford the following assistance to each clinic established:

(1) For the purchase of furnishings and apparatus for a special clinic, $1,000. (It is thought that the cost of the apparatus and furnishings will not exceed this amount.) Where a clinic is already in existence, and up to the standard, the same financial assistance will be given.

(2) To assist in the payment of a social service nurse, $500.00 yearly.

(3) For each out-patient treatment for gonorrhœa, 50c.; for each out-patient treatment for syphilis, 50c. (No more than one treatment each day will be paid for.) For each out-

patient treatment for syphilis, in addition, free "salvarsan" will be provided—as soon as the Board is in a position to furnish its own product.

(4) In the case of patients treated in the hospitals the sum of 25c., in addition to the foregoing grants, will be paid to the hospital for each day of indoor treatment up to three months, at the end of which time the indoor grant will cease.

(5) Standard record forms for the use of these special clinics will be supplied by the Board.

In return for this assistance the Board will require that the clinic will be kept up to a certain standard as follows:

(1) The special clinic shall be for the treatment of venereal diseases.

(2) The apparatus and furnishings for the clinic shall be as follows: (See schedule (a)).

(3) The personnel of the clinic shall be:

(*a*) One specialist in venereal diseases, who shall be appointed by the hospital if the clinic is in connection with a hospital, and by the local Board of Health in other cases. This officer must also be satisfactory to the Provincial Board.

(*b*) Such medical assistants as may be necessary shall be appointed on the same basis.

(*c*) One full time social worker, who shall be a graduate nurse.

(*d*) One clerk, if the clinic is treating more than forty cases per week.

(*e*) One male orderly.

(*f*) If possible, one undergraduate nurse to assist in the clinic.

(4) All treatment in the clinic shall be free.

(5) At least one night and two day clinics shall be held per week. (This may be modified on agreement.)

(6) Separate hours shall be set aside for men and women in the clinic, also, if possible, separate hours for the treatment of gonorrhœa and syphilis.

(7) Weekly reports will be required on forms supplied by the Board.

(8) The clinic, including its records, apparatus, method of treatment, etc., shall be open to inspection by the Board.

(9) The municipality will be expected to advance an amount for upkeep of the clinic or clinics which shall be approximately equal to the amount advanced by the Board. (See section 14, ss. 1 and 2, Venereal Diseases Prevention Act.)

(10) The social service nurse shall follow up cases outside the clinic to see that all patients continue treatment, and also that any possible contacts are examined.

(11) Accounts should be rendered at the end of the month and will be paid on the Board's certificate.

(12) The Board reserves the right to modify these rules if such should, in the interest of the clinic, be deemed necessary.

In conclusion the Board wishes to express its appreciation for many valuable hints on the subject given by many of the medical men in Toronto and elsewhere, who have given a great deal of their time gratuitously in this work. The Board feels that special mention should be made of the work of Professor Duncan Graham, Professor Fitzgerald, Dr. Edmund King, Dr. Gordon Bates, and many others.

This campaign can only be a success through the closest co-operation and assistance of the medical profession throughout Ontario, and the Board feels that this will be given freely.

Editorials

POST-GRADUATE WORK IN LONDON

It is well known that in the past London has not afforded the facilities for post-graduate education in medicine that we should have expected from such a city. During the last two years strenuous efforts have been made to improve matters in that regard, for which one of the most strenuous workers was Osler.

A committee was appointed to look into the matter and endeavor to improve the condition. That committee was composed of Adami, Allbutt, Dawson, Lane, Makins, Osler, and Rolleston. The committee published a letter in *The Times*, December 6, which contained many important statements, as follows:

Before the war, Germany and Austria, by their skilled and subtle propaganda, developed by enlightened Government subsidy, had hypnotized the world into believing that medical graduates who desired to complete their knowledge must seek the teachers who could only be found in those countries, and Americans, French, and even our own ambitious doctors, took it as a matter of course that they must finish their education by sitting at the feet of Teutonic instructors who fed them a *rechauffé* of what the teachers themselves had gleaned from England, France, and America, for, with few and rare exceptions, no striking advance in medicine and surgery could be claimed by Teutonic workers.

The war closed the German schools and clinics to the Allies, but very quickly it was discovered that

we had better material at home if it could be made available. Efforts have been made to make new arrangements which will be satisfactory to post-graduate workers.

But the committee tells us that something more permanent is needed, and the Post-Graduate Medical Association has been amalgamated with the Fellowship of Medicine and the necessities of the situation are being carefully considered.

In order to ensure the success of any comprehensive scheme, it will be necessary to have in London one or more post-graduate teaching hospitals, adequately provided in all departments.

WHISPERS FROM McGILL

We are very sorry to learn that things are not running smoothly at McGill Medical College, especially so far as returned soldiers are concerned.

We hold a very decided opinion that among the many admirable surgeons of Montreal no one stands out more prominently as a man of parts (all of which are good) than Dr. J. M. Elder. He was one of the first to volunteer his services after the declaration of war, and at the same time he used his great influence to gather together as large a group as possible who were willing to go overseas with him.

We are told that the authorities of McGill have appointed a German to the position of Professor of Pathology. The appointment appears not very popular. Dr. Elder felt so strongly in the matter that he has resigned his position on the surgical staff as a matter of protest. We do not happen to know many

particulars, but we read in the daily papers an account of a meeting of the Imperial Order of the Sons of Empire, held on March 16th. At that meeting some strong language appears to have been used, one speaker going so far as to say that the appointment was a direct insult to every McGill graduate, to every returned soldier, to every patriotic citizen, and to the community in general.

For years it has been feared by many people in Montreal as well as elsewhere that McGill, like Toronto, was growing too fond of Germans and German methods. We are told that one who felt very strongly in that direction was our dearly beloved and worthy friend, John McCrae. One of McGill's most highly gifted sons is Francis Shepherd, who, some years ago, expressed his views in the following words: "In many of our modern hospitals with their laboratories, students are not taught to observe so carefully the evident symptoms of disease, and they are becoming mere mechanics. . . . The higher and more intellectual means of drawing conclusions by inductive reasoning are almost neglected."

Shepherd was simply giving expression to an opinion which is shared to a large extent by the best teachers in Great Britain, and by a large portion of good teachers in the United States and Canada, but we know of no one who has expressed so much in a few words.

ECHOES FROM TORONTO UNIVERSITY

We understand that a committee is now investigating matters pertaining to the Medical Faculty of the University of Toronto. Fortunately some of the members have a more or less intimate knowledge of

the many discussions of grave differences of opinion that have existed since the re-establishment of the Medical Faculty in 1887.

They will remember that for five or six years, up to the end of 1906, a large proportion of the Faculty, including Drs. H. B. Anderson, George Bingham, Graham Chambers, H. A. Bruce, R. J. Dwyer, John T. Fotheringham, John Malloch, Fred. Marlowe, Kennedy McIlwraith, C. B. Shuttleworth, William Oldright, Luke Teskey, A. H. Wright, J. F. W. Ross, J. L. Davison, and some others, were strongly opposed to what were known as the German methods of teaching medicine. We shall allow Dean McCallum, of Western University, to explain in part the character of these methods, quoting from the Presidential address before the C.M.A. in 1912: "The Carnegie Foundation authorities have, however, overemphasized the laboratory side of medical instruction. The German method of medical education is to tie the medical student to a microscope, as opposed to the English method of cultivating knowledge through the unaided eye. In Germany the aim is to make scientists first, and then doctors, whereas the primary purpose for which students learn science is to become physicians not scientists. For years American medical teaching has been dominated by the German plan of instruction. It is claimed we have been guilty of a fetish worship of laboratories in medical instruction and in medical practice."

We believe we are correct in saying that a minority of the final teachers with a majority of the primary staff, favored the German side in the Toronto Faculty. Let it go at that with the laboratory men the winners. It was thought fitting to stop the con-

troversy and watch developments with a new President and a new Dean. It was soon discovered that German ideas continued to prevail.

Let us now accept without demur the fact that an able laboratory man has been selected who happens, we are glad to say, to be both competent and popular. If we accept him at his face value we do not understand why it should not be possible in such a tremendous field as the "Practice of Medicine" to find a place for all worthy men without performing cruel acts in completing the staff.

Perhaps a reference to one case will be sufficient to illustrate. Dr. John T. Fotheringham is a cultured and learned man, a splendid teacher of medicine, probably the best now living in this part of Canada. When the call came in 1914, he sacrificed much from a financial standpoint, for which, however, he claimed no special credit, because, as he viewed the matter, he was only doing his simple duty like thousands of others; and he did it well: none better in the British Empire. They kept calling on him long after he thought he had completed his task, and he never refused the call. He loved his alma mater, he had an ambition to work for her, and his friends all expected some recognition for him from the University of Toronto. Is it possible that he will get none?

INTERESTING FUNCTION AT MAGANETAWAN

Our civic holiday last year was August 12th. The folk in the district between Burke's Falls and Ahmic Harbor flocked to Maganetawan, the chief place of interest being the schoolhouse, which was packed to the doors at 2 p.m.

Dr. J. S. Freeborn acted as Chairman. The chief event of the afternoon was the unveiling of a beautiful bronze tablet ("a real work of art"), placed on one of the walls. The tablet had engraved upon it the honor roll of seventy-one young men from that district who went to the front, of whom sixty returned and eleven made the supreme sacrifice. In addition there is the inscription: "A tribute from the late Mrs. Thomas S. Cullen." The tablet was very fittingly unveiled by a sister, Mrs. Fred Sprague, of Chicago.

Mr. Wm. McLachlan, replying for the trustees, accepted the gift with gratitude, and promised that it should always be held as a sacred trust in memory of the sainted lady who inspired the gift.

Dr. Howard Kelly, of Baltimore, in a short address, stated he first came to Lake Ahmic 28 years ago, and Dr. Cullen had made annual visits for about fourteen years. Among the many visitors who took a very real interest in the welfare of the district was Mrs. Thomas Cullen. Many, many times, he said, she talked with him about what could be done of permanent value for the community, and, frequently, a library was mentioned. She and her friends made a good start in that direction by contributing many books. After one of their conversations Dr. Kelly went out among the friends on the lake who had known of Mrs. Cullen's solicitation for the common good, and with very little trouble collected the sum of $600. This fund is to be known as the Emma Jones Beckwith Cullen Fund, and it will be under the guardianship of a Board of Trustees with the understanding that the interests will be under the sole control of the Women's Institute of Maganetawan.

The next incident was the presentation of a gold locket to each returned soldier. Following this, Dr. Freeborn, by request, gave a brief synopsis of the achievements of the Maganetawan boys. In addition he said in part, " I am requested to acknowledge on behalf of the boys, their deep sense of gratitude for the honor bestowed on them by Dr. Cullen's gift of this magnificent tablet."

Among the other speakers were Chancellor Kirkland and Rev. Dr. Stevenson, of Vanderbilt University, Nashville; Rev. Dr. Kelso, of Pittsburg; Joseph Edgar, M.P.P., and Colonel Arthurs, M.P. Of the speakers at this patriotic meeting in the wilds of Ontario, three were from Ontario, and four from across the border.

For many reasons this is all interesting, and the writer feels impelled to say that when he next visits Burke's Falls he will wend his way to that little schoolhouse in Maganetawan in order that he may have a look at that tablet.

News Items

AMERICAN MEDICAL EDITORS' ASSOCIATION

The fifty-first annual meeting of the American Medical Editors' Association will be held at the Grunewald Hotel, New Orleans, La., on Monday and Tuesday, April 26th and 27th (during the week of the A.M.A. Convention), under the presidency of Dr. Seale Harris, editor of the *Southern Medical Journal*.

BIOGRAPHY OF SIR WILLIAM OSLER

Lady Osler has requested me to prepare a biography of her husband, and I will be most grateful to anyone who chances to see this note, for any letters or personal reminiscences, or for information concerning others who may possibly supply letters.

Copies of all letters, no matter how brief, are requested, and if dates are omitted it is hoped that they may be supplied if possible.

If the originals are forwarded for copy they will be promptly returned.

HARVEY CUSHING, M.D.,
Peter Bent Brigham Hospital,
Boston, Massachusetts.

It was announced on March 18th that St. Andrew's Military Hospital would be closed on or about March 31st. The St. Andrew's College building was taken over by the military authorities in October, 1918. This building, with the huts erected, provided accommodation for about 1,000 patients. The huts will now be torn down and the main building will be used for a time for officer patients and nurses. At present there are about forty officer patients. Of the others, 150 soldier patients will be sent to the Dominion Orthopædic Hospital, while the remainder, about 150 in number, will either be discharged or handed over to the D.S.C.R.

It is expected in Montreal that, after the amalgamation of the General Hospital and the Western Hospital, the combined institution will be the largest in Canada.

The next meeting of the C.M.A. will be held in Vancouver, June 22nd to 25th.

Members of the Canadian Club are planning to build a Canadian Hospital in New York City, and have started a campaign to raise one million dollars or more for the purpose.

At a meeting of the Royal College of Surgeons, Edinburgh, March 3rd, it was resolved that women should be admitted to Fellowship in the College.

A memorial tablet of the five nursing sisters of the Ontario Military Hospital at Orpington, who died during the war, has arrived at the Parliament Buildings, Toronto, and was placed in position the latter part of March. Their names are: Mary Agnes Mackenzie, Toronto; E. E. Garbutt, Oshawa; M. A. Lowe, Bircastle, Man.; D. M. Baldwin, Paris, Ont.; and M. E. Greene, Harmsworth, Man.

We are told that the Pan-American Surgical Congress is under way. It will include representatives of all colleges of South America. The mission has been entrusted to Dr. Wm. J. Mayo, of Rochester, and Dr. Franklin Martin, of Chicago, who will visit the Universities of Peru at Lima, Chile at Santiago, Argentina at Buenos Ayres, Uruguay at Montevideo, and of Brazil at Rio de Janiero.

At a meeting of the Ontario Committee of the Canadian National Council for Venereal Disease, held March 5th, in Toronto, the following officers were elected: Honorary President, The Lieutenant-Governor; President, Dr. Charles Hodgetts, Ottawa; Vice-Presidents, Dr. Storms and Mrs. Torrington, Toronto; Secretary, Dr. R. R. McClenahan; Treasurer, M. L. Woods; Committee on Literature, Dr. Gordon Bates, Dr. Anna Young, Mrs. L. A. Hamilton and Miss Gunn, Toronto.

Dr. Michael Clark, M.P., Red Deer, Alberta, delivered an address before the Empire Club of Toronto, March 18th, the

subject being the greatness of the British Empire, with the qualities which have contributed to that greatness.

He pointed out that recent events proved its ability to stand the test of war. He also showed that this success was due to the fact that the British were a people with a purpose who had a belief in their own destiny, and, in the largest sense, they were a religious people.

Judge Snider, who was asked to investigate matters in the Hamilton Hospital for Insane, largely because of charges and complaints made by the G.W.V.A., has completed his report and handed it to the Provincial Secretary. He said that certain charges of violence towards patients were proved, but in the main the institution was well managed and the patients were well treated. The Judge also expressed his satisfaction that there was no charge or complaint against the Superintendent, the Assistant Superintendent, the physicians or the chief executive officers. The discipline appeared satisfactory upon the whole, but many of the old attendants went overseas and many of those taken on to fill their places were not satisfactory.

THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF TORONTO

The announcement a few weeks ago that the Rockefeller Foundation was to set apart some five million dollars for medical education in Canada; and the recent visit of the president of the foundation—Doctor Vincent—to Toronto, has centred medical talk upon the reorganization of the medical department of the University of Toronto. The faculty of medicine appointed a committee to meet the representatives of the foundation with Dr. Alexander Primrose, C.B., as chairman. That committee prepared a reorganization scheme whereby it was set forth that three hundred and forty-three thousand dollars per annum, or two hundred thousand dollars in excess of present-day expenditures, which would represent at five per cent., an outlay of four million dollars, would meet the requirements of the medical department, and they hope to secure that amount from the Rockefeller Foundation, or failing that, sufficient to initiate the scheme.

Medicine, surgery, obstetrics and gynæcology are to have whole-time professors as heads, possessing full control and devoting all their time to professorial duties, except about three hours a day for private work. Salaries to the extent of ten thousand dollars a year each are proposed for these professional heads. There are to be full-time assistants for each of these departments, devoting their duties to laboratory and research work. Then for the staffs of the various clinical departments other men will be engaged who are busy most of the time with their own private practices.

It is proposed that extensive additions will be made to all the staffs of each and every department of the medical faculty. These, of course, are to come from the profession outside university life at the present time, but whether they are all to be selected from the profession in Toronto, or drafts made from outside the city, has not so far been determined or even hinted at. It is understood that there are many capable men in Toronto who, for one reason or another, have severed their connection with clinical work in the past few years; but whether it is the intention of the powers that be to comb Toronto for the purposes of a superior medical staff, and again attach these capable men to university life, is a question upon which graduates of the medical department await enlightenment. Perhaps, however, graduates are to be entirely ignored as, in the published list of representatives to meet the Rockefeller officials, graduates other than professors or associate professors are conspicuous by their entire absence.—*New York Medical Journal*, March 20, 1920.

OUR LONDON LETTER

(From our own Correspondent.)

London, Feb. 9th, 1920.

Compulsory Health Insurance has been in force in Great Britain since 1913, and despite the war, which, of course, greatly disorganized the system, experience as to its working is fairly definite, though by no means conclusive. Before legislation bringing into effect Compulsory Health Insurance was enacted, the mass of the British medical profession was totally opposed to it. The prediction was freely made that not only would it be objectionable to medical men by depriving them, to a large extent, of their independence, but would hurt their pockets. These pessimistic predictions have not been altogether fulfilled, for, while the Act cannot be said to have been a conspicuous success, neither can it be said to have been a dismal failure. The National Insurance Act then, so far as the British medical profession is concerned, has not borne out the gloomy anticipations made concerning it, and yet its defects considerably counterbalance its good points. While medical practice, under the Act, has not proved so irksome, nor so laborious as had been expected, at the same time medical practice has been injured. It has altered the manner in which private practice was formerly conducted on the whole, and not to the advantage of the practitioner. It has extinguished, or is in the process of extinguishing, private practice except amongst the rich and well-to-do. It has increased the power and influence of the approved societies which already, in the opinion of the medical profession, wielded too great power, and which appear to have an antagonism to medical men. The effect of the Insurance Act has been to increase the demand for that class of treatment which the hospital alone can supply, and has placed more strain on these institutions, already strained almost to the breaking point. With regard to the administration and organization of sanatorium benefit, the effect of panel practice has not been satisfactory, in a general way of speaking. For instance, in the case of tuberculosis, institutional treatment is available only provided that patients are curable and insured. There is no treatment for incurable cases even if insured. The defects of the insurance system may be summarized somewhat as follows: The faulty conditions

of club, that is, contract practice, from the medical man's standpoint, have reasserted themselves and have become intensified. The bulk of insurance work instead of being distributed tends to fall into the hands of relatively few practitioners, so that they are apt to undertake more than they can adequately perform. A certain amount of cleavage has arisen between panel and non-panel doctors, tending towards the creation of rich men's and poor men's doctors. The amount of sickness is suspiciously high in many places. Hospitals have become congested and the pecuniary strain upon them has been greatly increased and over pressure has occurred among medical men in many places. The National Insurance Act has been only partially successful as far as the administration of medical benefit goes. A certain number of medical men have benefited pecuniarily by the Act, but, as said before, in most places the old conditions of contract practice seem to be persisting practically unchanged. But it may be said that, if the Act has been beneficial to the health of the public at large, it does not matter much if the medical profession does suffer thereby. However, it cannot be shown that the community has gained in health by the legislation. The majority, probably, of panel practitioners are no better off pecuniarily than they were before, whilst they have lost a good deal of their liberty of action. Non-panel practitioners are naturally averse to the Act, because it should be borne in mind that in England alone 14,000,000 of the population came under its provisions, and consequently non-panel practitioners have lost a large number of patients. The British medical profession as a whole is opposed to panel practice, and the community do not seem to have profited in health by its enforcement. Since the end of the war panel practitioners have been in a worse situation than ever; their fee remained the same, a little more than two dollars a year per head, but the cost of living has gone up at least two fold. Owing to their protests, fees are to be increased to about two dollars and seventy-five cents per head for the first quarter of the year, and arbitrators are now considering the claim of the protestors to a capitation fee of three dollars and twenty-five cents or thereabouts. Of course, it goes without saying that the Act is always open to amendments, has been amended, and will be further amended. However, this does not signify that the panel practitioners will obtain what they deem complete justice. It should not be forgotten that the

approved societies wield immense political power, while the medical profession is, politically, almost impotent. The Ministry of Health decides the matter, for although the Minister and the advisory boards are only supposed to advise the Government, this is a polite fiction, and what they say "goes." The Ministry of Health, a part of the Government which holds its place by the votes of the people, is manifestly swayed to some extent by political strength. If, therefore, a clash occurs between the approved societies and the panel practitioners it is by no means certain that, however right they may be, the latter will win. From the standpoint of the British medical profession, the Compulsory Insurance Act is unpopular.

It is a trite remark to make that venereal disease is exciting much discussion and its progress and increase are causing a considerable amount of alarm in Great Britain. It has been a fertile subject for discussion for some time and has aroused and is arousing widespread alarm. However, this is the case in every country, and Canada is by no means immune. The question of absorbing interest at the present time in this country is how best to stay the pest. The National Council for the Prevention of Venereal Disease was first in the field, but these methods and suggested methods do not appear to be of much avail, because infection and appeals to morality are the chief planks in their platform. Owing to the failure of the efforts of the Council, another society has been formed, termed the Society for the Prevention of Venereal Disease, which includes many of the most prominent physicians and surgeons of Great Britain. One of the chief moving spirits of the society is Sir Arbuthnot Lane, well known in Toronto and in Eastern Canada. The Society contend that education and appeals to morality are not enough, that in fact by themselves they are futile, and they recommend extremely radical, not to say iconoclastic measures. In short, its members advocate what is known as direct prophylaxis, or early self disinfection as the only feasible mode of exterminating venereal disease. A meeting of this body was held on February 5th, 1920, at the Mansion House, London, under the presidency of Lord Willoughby de Broke, the Lord Mayor occupying the chair. The meeting was largely attended. Lord Willoughby de Broke opened the meeting, and after pointing out that although treatment of venereal disease had advanced, the true object was to prevent the disease. He ran through the methods tried and suggested by the National

Council, and showed that they had failed. He then drew attention to the good results that had accrued from early self disinfection, laying stress on the point that in the very early stages the spirochaete and gonococcus were easily destroyed by a comparatively mild disinfectant, and that, therefore, as Metchnikoff had shown, venereal disease is one of the most easily preventable of the major diseases. He moved the following resolution: It is obvious that the best way of avoiding venereal disease is to abstain from promiscuous sexual intercourse. It is, however, certain, that a large number of persons continue in spite of moral teaching, to expose themselves to risk, and so to incur and spread disease among the community, the chief sufferers being women and children. Venereal disease is accountable for a large proportion of cases of insanity, nervous diseases, loss of sight and sterility. These diseases have become a menace to national health and prosperity, and infection can be prevented by means of self disinfection, if properly applied, immediately after exposure to risk. It is therefore necessary: (1) To instruct the public as to (*a*) the vital importance of self disinfection at the time of exposure to risk as a preventive of venereal disease; and (*b*) the methods of application. (2) To advocate such further steps for the prevention and ultimate eradication of venereal disease as may be deemed advisable. Sir Crichton-Browne, who is the orator par excellence of the British medical profession, seconded the resolution in an eloquent speech, and Sir Arthur Sloggett and Sir Ray Lankester associated themselves with moving the adoption of the resolution. There were many other speakers, including two ladies. Sir Arbuthnot Lane concluded the meeting in a commendably high speech, in which he moved a vote of thanks to the Lord Mayor for being chairman and for allowing the Society to use the Mansion House for the meeting.

Messrs. Sills and J. B. Joel have given the sum of £20,000 with which to endow a Chair of Physics at the Middlesex Hospital. It may be pointed out, although of course it is well understood by members of the medical profession, that the importance of physics in medicine first lies in laying before medical students the fundamentals of the subject, and no surer way of doing this can be found than by obtaining the services of a physicist who has a true interest in medicine. The second, and equally important aspect, lies in the application of new discoveries in physics to the many ramifications of medical

procedure by means of collaboration between medical men and the physicist. This has been exemplified in the researches which have been carried out in the Middlesex Hospital during the past ten years in the use of radium in the treatment of disease, and especially of cancer. The new departure at the Middlesex Hospital will be warmly welcomed on account of the additional facilities it will provide for collaborate work. It may, and probably will, lead to a wider recognition of the value of physics in medicine, and especially radiology.

Dr. Cecil R. C. Lyster has died recently, a victim to his self-sacrificing devotion to the work of X-ray and radium research. Since 1902 he was in charge of the electro-therapeutic department of the Middlesex Hospital. He was a pioneer in X-ray investigation, particularly in relation to the treatment of cancer, and latterly carried out much valuable research on the use of radium as a remedial agent. In earlier periods of the work, little was known concerning the properties of X-rays and the means for preventing their harmful action on the operator, and Dr. Lyster sustained serious injuries from which he succumbed a few weeks ago. He may be said almost to have died at his post a martyr to science, for he only resigned about a month before his death.

Charles Louis Taylor, for thirty years on the staff of the *British Medical Journal,* and for twenty years assistant editor, passed to his rest on the morning of Christmas Eve, 1919, aged 70. Louis Taylor was a remarkable scholar, a remarkable linguist, and a remarkable editor. He was a man of wide knowledge and of unremitting diligence. As a writer he was a stylist of the first order, of accurate habit of mind, had the facts at his fingers' ends, and his head was filled with them, and he generally wielded a polite, but, when he deemed it fitting, caustic pen. His manner of writing was witty and humorous and he commanded a wide range of language with a happy choice of words. Taylor was essentially a literary man and an erudite one to boot. He was one of those who, while not exactly hiding their light under a bushel, dislike to make a display of learning. Curiously enough he was a good conversationalist, and really a sprightly writer, and yet so modest and unassuming that he not only shunned the madding crowd but even the clubs where it might be thought that his genial and entertaining manner would at the same time have made of him a popular clubman and have suited his temperament. He pre-

ferred the company of his beloved books and a few friends. Although he did not gain fame, as men with less mental endowment and gifts of the heart and head have gained it, he possessed and retained what doubtless he valued more highly, the admiration, respect and love of his colleagues and his friends.

MEETING OF THE WESTERN SECTION OF THE AMERICAN LARYNGOLOGICAL, RHINOLOGICAL AND OTOLOGICAL SOCIETY, IN LOS ANGELES, FEB. 21, 1920, UNDER THE CHAIRMANSHIP OF DR. H. BERT ELLIS, LOS ANGELES

By Price-Brown.

This section met at ten o'clock at the Friday Morning Club. The membership of this organization, resident in California, is not large, not being more than fourteen or sixteen in all, scattered over the entire state, and as the two leading cities, Los Angeles and San Francisco, contain nearly all the Fellows, each having over half a million inhabitants, jealous rivals of each other, and situated four hundred and seventy-five miles apart, there is naturally very little intermingling. The consequence was that the meeting was small in numbers, only one member from San Francisco being present, and he the reader of a paper. Sixteen, non-members included, registered their names.

Four papers were read, all on highly varied subjects. Dr. W. H. Dudley, of Los Angeles, opened by one on

Anosmia.

It contained a review of the history of the usually well-known causes. The interest of the paper lay, chiefly, in his experience in endeavoring to restore the function of olfaction in a case in which it had been destroyed by a nerve shock produced by a blow upon the base of the skull. The treatment did not commence until some weeks after the accident, as there was no apparent injury of any kind to the nose. It was treatment by experimentation, and consisted of the rapidly successive use of various stimulating aromatics. At first nothing

could be distinguished, but by repeated daily efforts a certain amount of olfactory sense was restored. The best results seemed to be obtained by changing from one article to another in quick succession, but it was only by repeated trials of each at the one sitting that this could be accomplished. Menthol, eucalyptus, asafœtida, the aromatic essences, were all tried. Although each one after a while could be recognized by the patient, the absence of treatment for a few days would diminish the acuteness of smell. Yet each successive series of treatments yielded improved results, and he hoped in a short time for a complete cure. On questioning, it was found that electricity had been tried, but on account of the sensitive nature of the nasal mucosa, the speaker doubted its applicability.

Dr. H. B. Blackwell, of New York, followed by a paper on "A Modified Radical Operation for Chronic Suppurative Otitis Media." He commenced with a résumé of the various operations practised, giving a more detailed description of the Heath radical operation. The latter, he claimed, was frequently unnecessary, and a modified radical operation, which he had devised, could be very well substituted in its place, as it was followed by as good and even better results. The advantages were that by it the ossicles and membrane were retained and not sacrificed, and when the ring was removed, all granulation tissue could be taken away, and its recurrence prevented. Proper drainage was secured, a dry ear frequently followed, and a certain amount of hearing was retained.

The next paper was by Dr. H. B. Graham, of San Francisco, upon the subject, "Plastic Surgery of the Nose." Like those of the late Dr. Roe, of Rochester, his operations were all subcutaneous or done intra-nasally. The large majority of patients applying for treatment were those suffering from nasal depressions of one sort or another; and as this seemed to be the most important division of his subject, the few remarks offered will be confined to that branch of his paper. In raising a sunken bridge, after thorough cleansing and disinfection, one of three kinds of splint were used. These were taken either from intranasal cartilage, a slip of bone from a rib, or a slip of bone from the shin. Whichever one be required, he always removed it from the patient whose nose he was going to repair, and that almost immediately before operating. When ready, usually under cocaine anæsthesia, a long slit was made through the mucous membrane from the junction of the nose with the fore-

head down to the bottom of the vestibule, curving the knife so as to make the internal cut longer than the outer one. The dissection being carried through the tissue down to the bone, the periosteum was raised as far as possible for the whole length, care being taken not to perforate the opposite nasal cavity. The splint being made if anything a trifle longer than the inner side of the cut, was then slipped in, the upper end first. Before inserting the lower end it might be necessary to bend the splint a little to make it slip through the smaller outer opening. After insertion its length would keep it from slipping. Of course it would require pressure and placing to secure the exact position required.

After inserting the splint there was little more to be done. Sometimes he inserted two or three stitches in the mucous membrane to help to close the wound, but this was rarely necessary. In all cases a sterilized gauze tampon was inserted in the side operated on to keep the parts in place. This was left in for a day or two and repeated if necessary. In no case did he use outside strapping over the nose. They always did more harm than good, and were frequently followed by discoloration and swelling.

From a wide experience, he believed that these splints, whether of bone or cartilage, never remained permanently there. Their pressure stimulated nerve cell development, taking the place of the bone or cartilage inserted, while these were entirely absorbed, the new growth fulfilling *in situ* the object of the operation.

Besides dealing with other branches of his subject, Dr. Graham threw on the screen a long series of pictures taken direct from the patients upon whom he had successfully operated.

The last paper was by Dr. Isaac Jones, of Philadelphia, assisted by Major Purlee, of the British Military Aviation Service, upon "Orientation." The doctor opened by a pretty minute description of the orientator, and the effect which orientation had upon the physiological condition of the semilunar canals. His main point was to prove that the use of the orientator was advisable as an educator in the case of every person who purposed engaging in aviation; by its use his adaptability for the work could be discovered. When for the first time, the individual is placed within the instrument and strapped immovably in his seat, no matter how much confidence he may place in the operator, knowing, too, that he is absolutely

safe, when the instrument commences to revolve in every conceivable direction, he is seized with the wildest terror. After a while, whether in one or more attempts, he becomes accustomed to the motion and fear leaves. The dyspnœa passes away and self-control returns. In Major Purlee's case it took one hour and a half to accustom himself to the motion; in another successful aviator it took four hours; and in another only thirty minutes. The motions of orientation are similar to those of aviation, while to the latter are added the deafening roar of the machine. But when accustomed to the one, the student of aviation is prepared for the other.

The Major stated that although he had been a flyer for more than four years in and out of the war, and could, day after day, enter and control his machine, accurately and without fear; yet, if a month elapsed without practice, he would not dare to steer it again, unless he first prepared himself by the use of the orientator.

Several points were brought out in the presentation of the subject which were worthy of note. One was that persons with + normal vestibular bone conduction were more nervous and made less safe flyers than persons with — normal vestibular bone conduction. The normal condition is about twenty-four. Although Major Purlee was an excellent flyer and had done much good work during the war, his conduction registered thirty-five, or + ten or eleven. Probably this accounted for his greater dependence upon orientation.

As brought out by Graham, in the discussion which followed, seasickness and the sickness from aviation might be traced to the same vestibular source.

One other result of observation, dwelt on particularly by Dr. Jones, was that women are more adaptable to aviation than men. They have less fear of catastrophe in their natures, and they possess more power to adjust themselves to necessary conditions than seems to be the case in the sterner sex.

At the hour of one o'clock, before the reading of the final paper, our able and courteous chairman took the Fellows and guests in motor cars to the California Club, where they were regaled with a delightful luncheon, for which Dr. Ellis was the host; and among the many present I was glad to meet two well-established throat and ear men from Ontario. Both are Fellows of the Society, Dr. C. H. Montgomery, of Toronto, and Dr. John Brown, of London; the one had been practising our specialty in Los Angeles for twelve years and the other for ten.

Personals

Dr. Fred Grasett, of Toronto, returned from Trinidad March 20th.

Surgeon-General John T. Fotheringham left Toronto on March 18th for a trip to the West Indies.

Dr. H. J. Adams, who graduated from Toronto in 1904, has removed from Clinton to Vancouver, B.C.

Dr. Howard Barry, who graduated in 1899, has returned to China after nearly five years' service in Serbia and Egypt.

Hon. Dr. Reid, of Ottawa, was in poor health during part of February, but he was able to go to New York February 25th, to meet Sir Robert Borden. He suffered no ill effects from his trip, and we are told that he has been quite well since that time.

Dr. Herbert E. Roaf, who graduated from Toronto in 1902, has been appointed Professor of Physiology, University of London, England.

Dr. Wm. J. Chapman, who graduated from Toronto in 1895, served overseas as M.O. at Gallipoli and in Egypt, and has been in Winnipeg since.

Dr. Ethel Hayes has opened an office at 467 Spadina Avenue, Toronto, and will pay special attention to the diagnosis and treatment of tuberculosis.

Dr. Casey A. Wood, of Chicago, has decided to retire from the practice of special ophthalmology. He was tendered a banquet at the Hotel LaSalle on the evening of January 19th.

Dr. H. I. Kinsey has opened an office at 415 Bloor St. W., Toronto, and will devote special attention to diseases of the chest.

Dr. (Major) W. C. White, of Woodstock, Ontario, who served with the American Red Cross, has been named Commendatore of the Crown of Italy by the King of Italy.

Dr. A. H. W. Caulfield, of Toronto, announces to the profession that in future he will confine his practice to office appointments, outside consultations and attendance upon acute cases of chronic pulmonary disease.

Drs. Helen MacMurchy, George Strathy, and Alexander Mackay have been appointed to the Board of Medical Practitioners to examine the inmates of the Industrial Homes for Females.

Dr. Gerald Allison, who graduated from Toronto in 1915, has returned to Canada after serving with the R.A.M.C. at Dardanelles, where he was wounded and gassed. He is now on the interne staff of the Toronto General Hospital.

Dr. Richard D. Cowan, who graduated from Toronto in 1915, after three years' service in the war, is now engaged in post-graduate work in the Middlesex Hospital, London, England, and he expects to return to Canada in May.

Dr. W. H. D. Aspland, who graduated from Toronto in 1897, and went overseas with the British Red Cross Society in 1914, is now living in Cleveland Lodge, Middlesbrough, Yorkshire, England.

Obituary

H. WYNDHAM DARRELL, M.D.

We learn from Dr. Frank Beemer that Dr. H. W. Darrell, of Norwich, England, died at his home in that town January 9th, aged 56. He was born in Bermuda and received his early education in Upper Canada College and his medical education in Trinity Medical College, graduating from Trinity University in 1886, and after graduating he went at once to England and did post-graduate work in London Hospital, after which he commenced practice in Norwich.

JOHN E. KIDD, M.D.

Dr. J. E. Kidd, of London, Ont., died at Victoria Hospital in that city, March 21st, aged forty. He graduated M.D. from Western University, in 1908, and after practising in Wyoming for ten years he settled in London a few months before his death. He was called out to attend a case on the night of March 18th, going in a closed motor car. His car was struck by the Toronto to Sarnia train and he received injuries which caused his death on March 21st.

JOHN A. ALLEN, M.D.

Dr. J. A. Allen, formerly of Toronto, died of pneumonia at Medical Lake, Washington State, March 6th.

LOUIS C. SINCLAIR, M.D.

Dr. L. C. Sinclair, of Ripley, died at Kincardine Hospital, March 7th, of pneumonia.

D. W. FAULKNER, M.D.

Dr. D. W. Faulkner, one of the best known physicians of Hastings county, died at his home in Foxboro village, March 4th, aged 64.

AN APPRECIATION

By James S. Sprague, M.D., Belleville.

Such lives pass—they do not die. They add a deathless quantum to the moral and spiritual wealth of this, our world. It was said of one long ago that after he had served his generation "by the will of God he fell to sleep." No more glowing obituary could be writen, and thus do we speak of him—the Ideal Country Doctor—Dr. Daniel Wilkinson Faulkner—and men of his profession, men like him, accurate in diagnosis, resourceful in treatment, helpful in all difficulties, sympathetic with the suffering, and ever faithful to his patients and to his colleagues, equal in learning, he added wisdom which experience gives, he had the personality and altruism—well blended in a character and influence which really form the heaven-born gifts of a great and good man. Sir Dr. Wm. Osler has left on record that the country practitioner of medicine is the backbone of the profession. The Ideal Doctor and Dr. Faulkner was an exemplar, only equalled by Dr. MacLure, of Drumtochty, immortalized by Ian MacLaren in his world-famed book: "Beside the Bonnie Briar Bush" to which I would refer every reader of this eulogium to illustrate that the pride, the honor, the glory of every land are those, who of the most honorable and altruistic of learned professions—as M.D.'s—die at their posts—such as did my brothers-in-arms—Dr. MacLure and Dr. Daniel Wilkinson Faulkner.

Steadfastness, learning, kindliness, self-sacrifice and service were his. He was an honor imperishable to our profession—to this Canada of ours—to his *alma mater* (McGill University)—to his personal friends, in fact to all who read or do not read this—and to his honorable family. "I cannot say and I will not say that he is dead—he is just away." To those, who, like myself socially and fraternally mourn his departure, I will say—"Think of him still the same, again say, for he is not dead—he is just away." In the words of Horace: *Pallida mors æquo pulsat pede pauperum tabernas regnumaque turres,* pale death comes with impartial footsteps to all—and we will follow thee

in the rulings arranged for us by The Giver of All Good Gifts, fully believing that 'the death of a dear friend, wife, brother, or lover which seemed nothing but irreparable privation, somewhat later assumes the aspect of a guide or genius, to direct and to stimulate us in our way to higher and better understanding of life's essential duties.'" The writer fully believes he would be doing a signal injury and mistake of ingratitude to his soul, to his profession, to the community, and especially to the youth, if to the memory of his life-long friend he did not present these feeble expressions to his memory.

Vale, vale, nor le ordine quo natura permittet sequamur.

—Daily Ontario.

A Canadian MacLure.

Seldom indeed has the passing of a citizen called for such general expressions of sorrow as have been the case since Dr. "Dan" Faulkner was called to his reward. It was as if every individual in a widely extended community had suffered a personal bereavement.

Even in a city the physician of large practice leads a hard and health-destroying life. In ministering to others he is called at the most unseasonable hours. No matter if he is driven to the limit of endurance by an untimely grouping of requests for his services, he must still press on because that is his chosen life work and he must needs pay the price. He must steel his heart and nerve as he endeavors to relieve human agony and to ward off the malignant attacks of disease and death. But the city practitioner has the advantage of open and lighted highways and short distances to travel.

The rural doctor finds all his problems intensified by the miry roads of spring and fall, the impassable drifts of winter, the violence of the elements and by cold that pierces to the bone.

Dr. Dan Faulkner battled for forty-two years against the multiplied difficulties of his location. And through it all he never lost that greatness of heart and power to cheer that made his presence in the sick-room more potent than his prescriptions.

We talk of "paying" such evangels of health, as this departed Foxboro physician, for their services when they have endured and suffered and agonized while they have been delivering us from the very jaws of death. We might as well talk of "paying" the springtime sun for its life-restoring light and heat.

Full merited, indeed, was that exquisitely beautiful tribute

by Rev. Charles G. Smith as he addressed those who assembled at the memorial service:

It was my privilege during the past decade to know Dr. "Dan" well and truly, and I bear testimony to-day in this presence and beneath the wings of the angel of death, to his sterling Christian character, his sunny spirit and his devotion to the public weal. There have been many ministers during the past 42 years of Dr. Faulkner's professional life, who, like St. Paul, are indebted to this gracious and godly man for lengthened days, strengthened bodies, co-operating companionship and skilled advice, not to speak of thousands of all sorts and conditions of his fellowmen. He was our "beloved physician" in the fullest sense of that beautiful scriptural idiom, and we glorify God in him to-day.

As we think of this noble, cheerful, untiring bearer of balm and healing, our minds turn inevitably to that immortal character, Dr. William MacLure in the "Bonnie Briar Bush." The scenes depicted at the burial of MacLure might well have been applied to the obsequies of this beloved physician at Foxboro who also for more than forty years labored and sacrificed to relieve the sufferings and sorrows of his fellowmen.

Surely no funeral (says the author of the "Bonnie Briar Bush") is like unto that of a doctor for pathos, and a peculiar sadness fell on that company as his body was carried out, who for nearly half a century had been their help in sickness, and had beaten Death time after time from their door. Death, after all, was victor, for the man that saved them had not been able to save himself. . . .

"Weelum MacLure 'll hae the beerial he deserves in spite o' sna' and drifts; it passes a' tae see hoo they've githered far an' near."

"It's the respect he's gettin' the day frae high an' low," was Jamie's husky apology; "tae think o' them fetchin' their wy doon frae Glen Urtach, and toilin' roon frae the heich Glen, an' his lordship drivin' through the drifts a' the road frae Muirtown juist tae honor Weelum MacLure's beerial."

"Bit wae's me"—and Jamie broke down utterly behind a fir tree, so tender a thing is a cynic's heart—"that fouk'ill tak a man's best wark a' his days withoot a word an' no dae him honor till he dees. Oh, if they hed only githered like this juist aince when he wes livin'; an' lat him see he hedna labored in vain. His reward hes come ower late, ower late."

When the turf had been spread, Lord Kilspindie spoke: "Friends of Drumtochty, it would not be right that we should part in silence and no man say what is in every heart. We have buried the remains of one that served this Glen with a devotion that has known no reserve, and a kindliness that never failed, for more than forty years. I have seen many brave men in my day, but no man in the trenches of Sebastopol carried himself more knightly than Dr. William MacLure.

"Greater love hath no man than this, that a man lay down his life for his friends."

Book Reviews

Handbook of Modern Treatment and Medical Formulary.—Compiled by W. D. Cameron, M.D., formerly Resident Physician at the Methodist Episcopal Hospital, Philadelphia. Published by F. A. Davis Co.

As the title suggests, this book is designed for the use of the busy practitioner, and is, accordingly, arranged in a simple and easily accessible style. Not only are the indications for many of the prescriptions given, but frequently clinical reports of definite cases are recorded, thus making a more graphic impression on the reader's mind, and, as it were, giving a peg upon which to hang the new ideas gleaned from its contents. This is well illustrated under the headings of Abscess, Addison's Disease, Anæsthesia, Boils, Pneumonia and Poisoning.

In compiling a work of this kind there is a natural tendency to include all prescriptions which are submitted with a good recommendation, especially in such diseases as have no specific remedies, and it is probably for this reason that so much space is devoted to such conditions as acne, eczema, the fevers, gonorrhœa, rheumatism and whooping cough, but as a ready reference book we feel that several of these prescriptions could be eliminated with advantage, and that such subjects as appendicitis and shock might be enlarged upon, as it is often the physician's duty, as well as the surgeon's, to treat these conditions.

However, the book contains a great wealth of valuable information and would prove most useful to any practitioner, either as a ready storehouse of useful formulæ during his busy hours, or as a means of increasing his general knowledge at his leisure.

Teaching the Sick: A Manual of Occupational Therapy and Re-education. By George Edward Barton, A.L.A., Director of Consolation House, President Consolation House Convalescent Club, Inc. Illustrated. Philadelphia and London: W. B. Saunders Company, 1919.

Among the many problems brought about by the war was that of re-education of those who, through physical impairment,

were unable to resume their former occupations. It is now realized that the same problem is encountered quite as frequently in industrial life. Hence a new department of therapy has been evolved, at present not much more than in its infancy, but the future development of which will probably be of a very wide scope.

In this manual there is a general introduction to the broad subject, and in detail some of the plans adopted in teaching the sick, such as chip carving, modeling and wood working. It is of interest from many different viewpoints, particularly to those engaged in the problem associated with large industries where the toll of accidents is, unfortunately, still all too large.

A Text-Book upon the Pathogenic Bacteria and Protozoa. For students of medicine and physicians. By JOSEPH MCFARLAND, M.D., Professor of Pathology and Bacteriology in the University of Pennsylvania. Ninth edition, thoroughly revised. Octavo of 858 pages with 330 illustrations, a number of them in colors. Philadelphia and London: W. B. Saunders Company. 1919. Cloth, $4.75 net. Canadian agents: The J. F. Hartz Co., Limited, Toronto.

The ninth edition of this most excellent text-book is particularly interesting in that it was entirely revised under military surroundings, the author being stationed at various military camps in the United States during the period of writing. It is divided into two parts, the first a general section, the second dealing with the infectious diseases and their micro-organisms. It is a most extensive treatise on pathogenic bacteria, and all diseases caused by micro-organisms are described very minutely. The work is to be highly commended to the bacteriologist and pathologist, and it will form a very important addition to the library of the general practitioner.

Selected Article

EDUCATION AND RECREATION IN THE ARMY

By Major-General William G. Haan.
Assistant Chief of Staff and in charge of education and recreation work in the army.

That education and recreation as applied to the new army is now a vital factor in the training of the soldier was shown at a convention of army educational officers, held at Camp Zachary Taylor, near Louisville, Kentucky, on December 9th, 10th and 11th.

Early in the year, the War Department had conceived an army built up on a new plan. It was proposed to make the army not only a military force, but a great educational institution, where young men of the best mental, moral and physical conditions, and with the highest ideals of patriotic citizenship, would be produced.

This plan was realized, in a measure, when the Congress appropriated the sum of $2,000,000 to be devoted to this purpose during the fiscal year 1920. Accordingly, in September of this year the commanding generals at once appointed on their staffs officers known as Education and Recreation Officers. Each officer has associated with him at least one civilian expert in educational affairs, who furnishes assistance and advice in establishing schools and manual training classes.

But it remained for the Camp Taylor Convention, called by the Secretary of War, to show that the army is now in reality a great training school where the mothers of our young Americans will be glad to see their boys go.

In the soldier's life education and recreation now have equal places with military training, and are definitely scheduled in the programme of daily work.

All training, whether purely military or educational, has as its main object the development of the soldier's mind. Every soldier, however poorly he may be educated, has still a thinking mind, and that mind is active practically all the time.

In developing the soldier's mind the most rapid progress is made by placing upon the man, as early as practicable, as much responsibility as he can stand. This placing of responsi-

bility on the man stimulates his pride, raises his self-respect, and urges him to better effort.

Every soldier will, sooner or later, become a leader in a smaller or greater sense, and it is to develop qualities of leadership that this educational programme has been inaugurated.

Officers of our future armies will be required not only to be thoroughly trained in a professional sense, but must also have that human quality which comes only through a real interest felt for the welfare of the men under their command. They must not only be military instructors to the men, but also their leaders in all sports and recreation. Experience of the larger colleges and universities has shown that a certain amount of sport and recreation is a necessary part of the student's life, and as the army is now a great university in every sense of the word, and each man composing it a student, recreational activity will be a part of its training.

Under the system of education now in force it is possible for men to receive instruction so as to fit them to be carpenters, blacksmiths, pharmacists, dental assistants, engine workers, mechanics, draftsmen, stenographers, truck gardeners, motor drivers, repair men, telegraphers, radio and telephone operators, etc. Such educational subjects as English, geography, mathematics, history and modern languages are also taught. Of course, at the present stage of the game it is not possible to give instruction in all subjects at any one camp or post, but so far as practicable, the desires of the enlisted man as to the courses to be taken by him will be met.

Selections

Epilepsy and Influenza (MAILLARD ET BRUNE, *Presse medicale, February* 10, 1919.)

These authors note that it has been recognized since the time of Hippocrates and has been occasionally seen that an acute disease developing in an epileptic subject arrests or greatly reduces in number the convulsive seizures. Again, various antitoxic serums and vaccines have given encouraging results in epilepsy. Recent observation by the authors in the epileptic institution at Bicêtre showed regularly an almost complete cessation of seizures during influenza. Patients with regular paroxysms in whom, by calculation from previous observation, 105 seizures might have been expected during a certain time, exhibited only fourteen seizures during the febrile period of influenza, and most of these fourteen seizures occurred at the very outset of the rise in temperature, before the reaction against the infection had as yet to any extent developed. The authors think there may occur, as a result of the acute infection, some sort of a derivative or displacement from the brain to the respiratory apparatus, or an action somewhat analogous to that of a fixation abscess in severe infections. When the temperature returned to normal, however, the seizures gradually reappeared. Influenza in epileptics proved exceedingly fatal. Among sixty-three cases only twenty-two remained uncomplicated, while thirty-nine developed pulmonary, one pleural, and one intestinal complications. Thirty-two subjects in the series died—fourteen from pneumonia, fifteen from bronchopneumonia, and three from acute pulmonary œdema. These unfavorable results are ascribed mainly to the fact that epileptics are predisposed to congestive conditions. Their facies in itself shows it. Their blood pressure is high and their tissues infiltrated, and congestion of internal structures, including particularly the nerve centres, is a very frequent autopsy finding. Disorders predisposing to congestive complications are to be greatly feared among epileptics. Restriction of the disease to two wards during the June epidemic was followed by apparent immunity among the patients in these wards during the October epidemic, not only in patients who had already had the disease in June but in those who, while exposed, had not developed it, such exposure having apparently sufficed in itself to establish immunity.—*Journal of Nervous and Mental Disease.*

Nonspecific Mental Disease in Syphilitics (Wimmer, A., *Hospitalst.*)

The author calls attention to the more usual form of acute syphilitic psychoses and urges caution in referring the illness to syphilis when the disorder resembles the manic depressive psychosis. Twelve cases are described in detail in which mental symptoms resembling hysteria coincided with nervous manifestations. In one woman of 29, the clinical picture was dementia. In other cases there was an attack of mania before the infection with syphilis. Necropsy confirmed the assumption of an old endogenous manic-depressive psychosis with recent syphilitic meningitis. In another paranoid psychosis with hallucinations in a pronounced psychopathic. Even with the four syphilitic reactions positive in the spinal fluid, it does not follow that the psychosis observed is necessarily of syphilitic origin.—*Journal of Nervous and Mental Disease.*

The Psychology of Internment (Bing, R., and Vischer, A. L. *Lancet.*)

These authors contend that any path of life which diverges from the ordinary, and along which bodies of men are forced to travel, will soon affect the mentality of the men. Under the conditions of prolonged internment a very definite psychoneurosis develops, to which the name "Barbed-wire disease" has been given. Three abnormal conditions react upon prisoners of war: The deprivation of liberty; the close herding together; and the uncertainty of the duration of their internment. To these should be added the limitation of all activities and pursuits by strict regulations, and the constant waiting for letters and parcels from home. There is also the fact that the men are cut off from all relations with the opposite sex, which soon makes them prey to their unrealized desires. In spite of a variety of occupations and diversions which are commonly provided, a large number of such prisoners develop a neurasthenia *sui generis,* and in about ten per cent. of all who have been prisoners for over six months the symptoms reach a high level of intensity. The first symptom is increased irritability; the men will not suffer the least contradiction; they become irascible, argumentative, obstinate, and they are characteristically lacking in judgment. They lose the power of concentration to a large extent and become easily fatigued by the

slightest effort to concentrate. Very characteristic and striking is the loss of memory of people and places relating to pre-war events. Insomnia, diminished vision, the development of suspicion and pessimism and sexual impotence are among the commoner secondary symptoms. Many of these symptoms diminish or disappear upon change from enemy to neutral internment, but intellectual instability and loss of concentration tend to persist for a long time, and the loss of memory remains very pronounced. In many cases the personalities of the men become radically changed, so that their families find them completely altered, and many of the intellectual men show a decided aggravation in their sensitiveness after removal to neutral internment.—*Journal of Nervous and Mental Disease.*

Post-Influenzal Alopecia

At a meeting of the Danish Dermatological Society, Nander and Rasch (*Hospitalstidende*) discussed the frequency with which loss of hair occurred after influenza. Nander had seen about twenty cases in a month, and the cases observed early in 1919 had suffered from influenza in October and November of 1918. Three months was the usual period between the development of influenza and the alopecia, the onset of which seemed to depend on the severity of the influenza. Thus the comparatively mild epidemic of influenza in the summer of 1918 had not been followed by an outbreak of alopecia, whereas the more violent epidemic of the following autumn had yielded many cases. Rasch had found the alopecia develop two months after the outbreak of fever, reaching its maximum in a month. In the most severe cases each fingernail often showed Beau's transverse markings, their position in the middle of the nail showing that three months had elapsed since the fever.—*The British Medical Journal.*

Biliousness

Sodium salicylate is said to be a powerful hepatic stimulant, and the following prescription has been recommended:—

Sodii salicylat	gr. x.
Pulv. ipacac	gr. ¼

M. ft. pulv. ter in die sumend. To be followed in the morning with azi dose of sodium sulphate.

After the excess of stagnant bile has been removed by this treatment, the following mixture will promote a healthy secretion of new bile:—

Acid. nitro-hydrochlor. dil	zj
Spir. chloroformi	zj
Tinct. urantii	...
Tinct. nux vom.	
Aquam	ad zvj

M. Sig. "One-sixth part three times daily."—*The Prescriber.*

Interesting Case of a Facial Paralysis in a Syphilitic

(Sanz, F., *El Siglo Medico.*)

A man 46 years of age, four years before had suffered from a stroke of hæmiplægia with resulting aphasia. Under appropiate treatment he had secured much benefit without the development of any new accident. The aphasia vanished and the asymmetry of the facial innervation had been restored. In the limbs recovery was much less in evidence and he presented a classical picture of spastic hæmiplægia. His treatment went ahead, both specific and physical, and incidentally he had been badly salivated on several occasions as a result of bad mouth hygiene. These attacks interfered with the original plan of treatment. During a fresh course of injections of grey oil he was suddenly seized with left facial paralysis. The diagnosis was peripheral facial paralysis due probably to a gummous meningitis of the base of the brain involving the facial nerve. But further investigation showed the possibility of another origin. The mercurial stomatitis had evidently given rise to a parotitis with possible mechanical compression of the nerve trunk. The Wassermann was found to be negative and on the suspension of the mercury the paralysis cleared up.—*Journal of Nervous and Mental Disease.*

X-Ray Movie

A press despatch from Paris tells of the perfecting by Professor Lormon and Professor Comandon of a combined X-ray and motion picture apparatus which permits observation of the functioning of various organs. Up to the present films have been taken only of animals, but modifications of the apparatus are expected to render possible the photography of human interiors.—*New York Medical Journal.*

Whatever Individual Thought May Be

on the general merits of coffee as a table beverage for all the family—

Individual observation inevitably leads to the conclusions that among adults, coffee does sometimes re-act harmfully; and that with children, coffee is indeed a dangerous servant.

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Electrical Burns

An electrical burn is a circumscribed lesion of the skin and underlying structures, produced by direct contact of a conductor with the body. It is distinguished from lesions due to radiation from an electrical focus or caused by the arc which flashes between two conductors. In the first case the violet and ultraviolet chemical rays are in play, while in the second it is the spark. What influences its production quite as much as its gravity is: (1) The type of current, the continued current adding an electrolytic action to the thermic action; (2) the intensity of the current which is in relation to the voltage which develops the quantity of heat disengaged, the thermic effect being proportional to its square; (3) the density of the current, that is to say, its concentration over a small surface of contact; (4) the resistance offered by the human body—principally the skin especially when dry, thick, or callous; (5) the duration of the contact, prolonged in some cases by contraction of the flexor muscles.

Electrical burns do not offer any very special clinical characters until the third degree has been reached. They occasionally appear in the form of black parchment-like sloughs with well-defined borders, but usually they are crater-like, as if cut out with the curette, with dry distinct borders and presenting the same degree of gravity in all. They are usually painless, without inflammatory reaction or congestive phenomena common to ordinary burns, excepting in the rather rare cases in which they are extensive and deep. The evolution is usually aseptic or at least there is not much suppuration, and cicatrization, which is long in taking place, results in a smooth, elastic scar devoid of deep fibrous adhesions. Unless the loss of tissue is very considerable repair takes place readily, otherwise contractures and vicious attitudes of the limbs involved will result, causing functional incapacity. Complications are very rare.

Given these characters and evolution, treatment will be of the simplest kind; an antiseptic dressing and the application of tincture of iodine being about all that is essential. In cases where the muscles have been carbonized or the bones necrosed, surgical interference will be required, but the operation is facilitated by the distinct limits of the slough. The treatment of the commotion with loss of consciousness frequently arising from these burns is that of asphyxia in general.—*Medical Record.*

Quotations from Doctors: No. 1

"To mention the hygroscopic action of glycerine to any one who has the slightest knowledge of chemistry, is unnecessary. But, to be able 'to harness' this action and utilize it as a therapeutic agent of great potency, is worthy of note.

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we have such a combination; and it has stood the test of many years. It has shown that, in proper mixture with a suitable base, the acknowledged osmotic power of glycerine may be greatly intensified; that through this action congestion in all tissues may be reduced, thus relieving pain from distention . . . . and acting as a stimulant to normal circulation, and hastening resolution."

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Miscellaneous

The World Trade Club gives the following one-minute description of the Metric System:

"Learn only the units, dollar, meter, liter, gram; dollar, the measure of value; meter, the measure of length; liter, measure of bulk; gram, for weight. You know all about the American dollar. The metric units, meter, liter, gram, are just like dollar, divided decimally and multiplied decimally. If you want to compare metric units with present units, the meter is 10 per cent. more than the yard; 500 grams is about 10 per cent. more than the pound avoirdupois, the liter is 5 per cent. less than the U.S. liquid quart (13 per cent. less than the British liquid quart)—that is all 90 per cent. need to use the metric standards."

Listerine is a non-poisonous, non-irritating, antiseptic solution, of which the base is boric acid. As a base for many prescriptions it is absolutely unequalled, giving to a prescription its own qualities and rendering the prescription grateful to the patient.

Listerine in its long use by physicians has never once been criticized for any untoward action upon the mucous membrane, and this is a remarkable history for a product that has been a favorite with two generations.—*The Journal-Lancet*, February 15th, 1920.

A Mixture of Ethyl Chloride, Chloroform, and Ether for General Anaesthesia; an Experience in War Surgery

Dr. E. P. Quain, of Bismarck, N.D., said that the observations that were made in the use of this mixture in the type of surgery which confronted the medical officer at the time were very favorable. It was uniformly considered the most suitable anæsthetic for most minor injuries as well as for wounds of moderate severity. It was employed at Evacuation Hospital No. 114 in the Argonne during the last part of the war as the anæsthetic of choice for most operations which could be finished within fifteen or twenty minutes. The speed of the operating team was, therefore, in many instances, the criterion as to whether the choice would be the ethyl chloride mixture or

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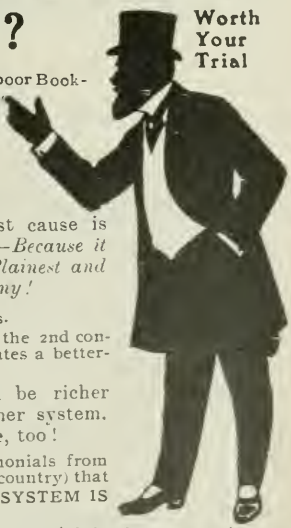

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simply ether. Ethyl chloride was put into the bottle from a tube up to the 5 c.c. mark, 1 c.c. chloroform was added, lastly ether was poured in up to the 30 c.c. mark and the liquid was thoroughly mixed. *Method of Administration.* (1) One of two pieces of cotton flannel was laid dry over the patient's face and the other piece was placed in a cup or small pus basin. (2) The whole content of the bottle was poured into the cup over the piece of flannel, which absorbed practically all of the 30 c.c. mixture. (3) The piece of flannel was then rapidly picked up before evaporation took place and spread out smoothly over the other piece on the patients' face. The patient must be told to hold his breath before the saturated cloth was approximated to the face and until the mask was properly adjusted. (4) The mask was placed over the face and the puckering string drawn tightly and tied so that the margin of the mask was held firmly around the face, under the chin, in front of the ears, and over the top of the head. It was desirable that the mask be applied air tight to the face, although practically this might be impossible, especially over the hairy part of the head. There could be no reason why this ethyl chloride mixture should not be used in emergency surgery in civil practice when conditions and necessities corresponded more or less to those of the wounded soldiers.—*Medical Record.*

Improvement in Cancer Statistics

At the gynæcological clinic at the University of Berne cancer figures for the period 1914-1918 show a great improvement over those of 1908-1913. During the first named period radiotherapy has been extensively employed, but the improvement appears to be due largely to the fact that patients come earlier for treatment so that many more cases and more operable cases come to the clinic than in other days. The material has, in fact, almost doubled, and while the operative mortality in the old period for cancer of the cervix reached the high figure of 41.6—Wertheim's operation—it has been during the last period but 10 per cent. The secondary mortality shows only a slight betterment. While the survivors in the old period number only 12 per cent., in the latter period the figure is 40 per cent., subject, of course, to discount for the nearness of some operations to the present time. In the first period in point of time the average survival was 12.2 months, while in

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the second period the corresponding figure was 18.3. This improvement is due largely to prophylactic radiation after operation. A special classification is inoperable cancer of the oporto vaginalis. In the old series not much could be done beyond simple palliation, but in the second series of cases radiation was available. Some patients died soon after admission, but 90 per cent. were treated, and the average survival was over nine months. Some patients in whom both radium and X-rays were used showed a longer interval—as much as twelve months.—*Medical Record.*

Medicated Soaps

Medicated soaps are for the most part a snare and delusion so far as any increased germicidal action is concerned. In fact, the addition of carbolic acid, bichloride of mercury, and other substances which have the property of combining chemically with the soap seems actually to diminish the disinfecting value of the substance. As a rule a very small quantity of the disinfecting substance is added to the soap, and when we call to mind what an exceedingly small quantity of soap is generally used for the ordinary washing of the skin and the further dilution of this small amount by the water used it is easy to understand that medicated soaps as ordinarily applied cannot have an energetic disinfecting action.—*Rosenau, "Preventive Medicine and Hygiene."*

The Acid Test

It is in the nature of things, that everything, animate and inanimate, must pass through some sort of test before it can be catalogued, filed, indexed and cross-indexed.

The steel girder entering into the construction of some mighty sky-scraper, must be tested to the breaking point before the O.K. mark can be placed upon it and it becomes acceptable to the master builder. For he knows full well, that a flaw in beam or upright will endanger the lives of thousands.

The engine boiler receives into its vitals the enormous pressure of steam necessary to demonstrate its fitness.

The cable, that safely holds hundreds of tons, swaying in mid-air, has been through the rigorous test before it is trusted in the work it was intended for.

And the highest of the animate world, man, is not exempt

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from the acid test, before he is accepted by his fellows, as safe. The degree of calm fortitude with which he weathers the storm of business or professional adversities, places the mark *O.K. safe* if he comes up strong, smiling and ready for battle.

Perhaps nowhere in the inanimate world do we find the examiners more strict and careful than in the therapeutic field. This is as it should be, otherwise charlatanism would be rampant.

In mechanics there is more homogeneity than in the human family. "No two men are alike," is a trite saying and therefore the test of a therapeutic agent consumes a much longer time than the test of a boiler. Many more factors must be taken into consideration, innumerable tests, experiments, if you please, on different types of the human family, before the cautious label, "O.K. safe" can be affixed.

We have heard that salvarsan was submitted to many tests before it was given to the profession and that the numerals "606" by which it was known for a time referred to the number of those tests.

We can all recall therapeutic agents that held the centre of the stage for some time, only to be cast aside and forgotten when submitted to a test of greater severity.

In the comparatively new therapeutic agent, radium, we have an example of the survival of the fittest, after the most severe and continued acid tests. It is quite probable, that if the knife had had the task set for it, that radium has been called on to perform, surgery to-day would be in disrepute.

Radium has been obligated to win its chevrons, in cases that have been refused aid by the knife, and we feel that it need not be ashamed of its record.

When a cervix uteri that has been so far destroyed by carcinomatous invasion, that operative measures are absolutely out of the question, can by the proper application of radium be brought to a comparatively healthy condition, it naturally compels the thought. If radium locally, cures a carcinoma in a case beyond the healing effect of the knife, would it not, *a priori* do better work than the knife in a distinctly operable case?

We feel that this question will find its answer in time and not long at that.—*Charlotte Medical Journal.*

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SPECIAL NOTE

Prescription 1920

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Each after his Kind

The practice of medicine is largely a practice of mind upon mind, and the family physician is frequently chosen not because of his schooling or his scientific knowledge but for his agreeableness, his jollity, and his power to fit into the nature of his client. There are many types of human nature, and not every physician can fit himself to the various sorts. When, however, he can be all things to all persons, he becomes, with comparatively few other qualities, a man of large practice. On the other hand, if he is a most gifted and highly educated man, but does not have the ability of making himself agreeable, it is not likely that his following will be large. Eccentricity sometimes seems to help build up a practice. It may be a good advertising card to be known as uncouth or unapproachable though, unless there is considerable professional skill or social introduction behind it, it does not always produce the desired result.

Most of us must fit in with our kind. It follows, then, that in those groups where there are many of a kind there is room for large followings, while in those smaller circles comprising people of experience out of the ordinary, the clientele of the man of like type is bound to be limited. The physician for the smaller group need not feel that he is a failure if the multitude does not flock to him, though his pocketbook would be fuller if they did.

Fortunate is the man who can be all things to all men, but the medical man who cannot be such a universalist need not be chagrined if his following is small. He can do better work for the few than he could for the many. He need not be a busy practitioner who is usually too busy to make thorough examinations, and certainly too busy to do more than offer a prescription and then pass on to the next case. There are compensations in being limited in our ministrations to our own kind.—*New York Medical Journal.*

The Canadian Practitioner and Review

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Editorials

COMPULSORY HEALTH INSURANCE

The question of compulsory Health Insurance has been much discussed in various parts of the United States during the last few years. Many physicians, individually and collectively, in various associations, are strongly opposed, and it would appear that the opposition to the measure is growing stronger instead of weaker.

A resolution declaring compulsory health insurance to be both undesirable and pernicious was passed by the Medical Association of New York City, January 19th. The following is, in part, the text of the resolution, with its preamble:

" There is now going on in this State a movement to secure legislative enactments to establish compulsory health insurance of the wage-earning class. Such legislation appears undesirable for many reasons, and especially for the following:

" Compulsory insurance is contrary to the fundamental principles of Americanism. The adoption of compulsory health insurance would be equivalent to the acceptance of socialism as the universal dogma.

" It would substitute for the present medical prac-

tice medical treatment of an inferior character. It would also injure the wage-earning class by practically depriving them of the benefit of a personal relation between patient and physician.

" It would compel citizens to invest their savings in a certain way, and it fixes the remuneration of special workers, such as physicians, dentists and nurses without their consent. It would practically deprive the wage-earning class of the free choice of their medical attendant.

" It would damage the medical profession both morally and materially. It would change the character of a learned profession to a poorly paid, poorly esteemed trade, characterized by drudgery and routinism.

" It would lower the general standard of medical practice.

" Compulsory health insurance has proved a comparative failure in Germany and Austria. It has also proved far from satisfactory in England.

" Therefore, be it resolved that this medical association is convinced that compulsory health insurance is undesirable, and that legislation to establish it is hereby condemned without reservation."

A form of compulsory health insurance has been in force in England since 1913, and we believe that the best informed physicians agree that the system has proved a failure. The faults of lodge or club practice (which, of course, always means contract) still exist, and to some extent, at least, are intensified under the " National Insurance Act."

A RECEPTION HOSPITAL IN TORONTO

A deputation representing various associations appeared before Mr. Nixon, the Provincial Secretary, April 7th, and asked the Government to assist in the purchase of a site near the General Hospital for the proposed reception hospital for mental ailments. Dr. Brittain, who has given the subject much thought, expressed the opinion that the University should have the same connection with the reception hospital that it has with the General Hospital. Dr. George Strathy urged the need of University association in order that the students of medicine might get suitable training in mental diseases. Dr. E. E. King doubted the advisability of throwing up the Trinity site unless there was another property immediately in view. At the same time he would have preferred a site nearer to the General Hospital. Dr. Hincks said that four sites near the General Hospital could be purchased for less than $100,000 each.

Hon. Mr. Nixon, in reply, said he hoped the deputation did not wish to block the proposals of the city, which has given the site of Trinity Park. Mr. Nixon acknowledged that the argument in favor of having the mental hospital near the University for educational purposes had its merits, and would be considered. He feared, however, that the crowded section where the new proposed sites were located was not altogether desirable. He thought it important that the new institution should have plenty of fresh air and light, and, as nearly as possible, rural conditions.

So far as we understand the subject we think that

the majority of the profession will agree with the Provincial Secretary. So far as the patients are concerned, the most important point is a good situation, and certainly the site selected by the council of the city of Toronto may be considered an ideal one; and surely from a student's standpoint it can hardly be considered that Trinity Park is far distant from the Toronto General Hospital.

SIR AUCKLAND GEDDES, M.D.

Many people in the British Islands think that the British Ambassador to the United States should be a man of almost superhuman tact and transcendent ability, such, for instance, as Mr. Balfour, Viscount Grey, or Lord Reading. Instead of an expert diplomatist they have recently sent a distinguished physician. Sir Auckland Geddes was born in Scotland, educated at Edinburgh University, London Hospital, and Freiburg. After graduating in medicine he became Assistant Professor of Anatomy at Edinburgh, and later full Professor at the Royal College of Surgeons, Dublin. From Ireland he came to Canada as Professor of Anatomy at McGill. It was there recognized that he was both an able professor and a big man educationally in every way. It was a source of regret throughout the whole of Canada that the appointment of Geddes at Washington prevented him from becoming President of McGill.

As to his fitness for Washington, opinions differ. The *Spectator* (Eng.) is not satisfied, and states that while Sir Auckland has many good qualities

he is precisely the type of man who through no fault of his own is not suited for the ambassadorship at Washington. It goes on to state that experience has shown us that both in America and France, Great Britain is best served by men who are as little like Americans and Frenchmen as can be.

MENTAL DEFECTIVES

We publish in this issue reports of speeches made in the Ontario Legislature by Hon. Howard Ferguson and Hon. Mr. Drury, the Prime Minister, regarding certain remarks made by Dr. C. M. Hincks concerning the treatment of mental defectives. Both speakers objected especially to the following expression: "Enough Facts to Blow up the Parliament Buildings." No one appears to have any idea as to what the expression means, and we have little inclination to spend much time in discussing it, but we may say briefly that its ineptitude is so patent that its use was very unfortunate. Surely Dr. Hincks must realize this. If so, why not withdraw the expression and add a few words of apology? If he had done so in his reply, he could easily have rehabilitated himself and in doing so might have helped materially his co-workers.

We should like to suggest to all enthusiastic reformers in health matters that it is better to try to lead than drive—to coax rather than threaten—to endeavor above all things to educate the public. In doing so we should work quietly, patiently and persistently, without scolding or "swearing at large," or shooting off fire-works. We know that the Hearst

Government was in full sympathy with us in our efforts to help the feeble-minded, and we have good reason to suppose that the present government desires to support our views.

In March, 1916, a petition was sent to the Prime Minister and other Ministers of the Government of Canada and its Provinces, asking for the establishment of farm colonies, containing buildings on the cottage plan for the care and control of the mentally defective in our country.

At a meeting held in the Academy of Medicine, Toronto, November, 1916, Dr. Brittain said it had been conservatively estimated that feeble-mindedness is causing an annual loss to the Dominion of twelve million dollars.

Dr. Conboy pointed out in detail the advantages of farm colonies on the cottage plan.

Dr. C. K. Clarke thought we had failed to rouse the public to the greatness of the tragedy that was being enacted.

Dr. C. M. Hincks told us there were 2,000 feeble-minded attending the public schools of Toronto, and also that there were at least 6,000 in Ontario who were not being provided for.

Among other speakers, Dr. Helen MacMurchy and Mrs. Huestis delivered admirable addresses generally endorsing the views which had been expressed by the other speakers.

Hon. Mr. Justice Hodgins, in his report, issued 1919, strongly favored colonies as the most useful and also economical institutions for the care of feeble-minded.

We may briefly summarize the consensus of opin-

ion among experts as follows: Proper care and control of feeble-minded would enable them to live more happily—would diminish crime—would diminish disease—would lessen the cost of their up-keep.

MENTAL DEFECTIVES

Dr. C. M. Hincks delivered an address early in April on the subject of the treatment of mental defectives, to which reference is made in our preceding editorial. Some members of the Ontario Government, as well as other private members of the Legislature, were, apparently, very indignant because they thought Dr. Hincks had gone too far.

Hon. Mr. Ferguson, the Conservative leader in the House, spoke very strongly on the subject. When the House was in regular session, April 8th, we find the following report of remarks made by Mr. Ferguson and Mr. Drury, in the Toronto *Mail and Empire*:

Mr. Ferguson produced a newspaper report and read to the House the statement credited to the doctor: "Why, we have enough facts to blow up the Parliament Buildings." Mr. Ferguson commented: "There is a whole column of such stuff." His object in introducing the matter, he said, was that "such alarmist statements of a reckless character of this kind should not be allowed to go abroad. Public authorities who have charge of the educational affairs of the province should see to it that the public are not misled by men who, from one motive or another, make most reckless assertions concerning the condition of affairs in the Province of Ontario regarding the growing youth and the unfortunate mental defective."

"Now, men of this character," Mr. Ferguson went on unrelentingly, "are in the habit of getting on the stump or soapbox, or any other rostrum they can take advantage of, for the

purpose of securing public notoriety and making sensational statements entirely unwarranted in point of fact. I think the public should be informed by the authorities who have charge of these things. It is bound to have a bad effect on public sentiment in Ontario and Canada, and even with the neighboring Republic, if the public press is to be filled with statements of so startling and hysterical a type." (Applause from both sides of the House.)

Premier Drury replied for the Government. "I wish to concur with what my honorable friend has said," he stated. "It is a very easy matter for anyone desiring his name to be brought before the public, and without any very great sense of responsibility, to make startling charges. In some cases there may be some foundation; in others there may be no foundation. But, in any case, not until the Government has been approached, has been asked and has refused an investigation, is it justifiable to make a statement such as the one quoted.

"I think that while we are talking about Bolshevism and anarchy, this sort of irresponsible statement is just about as bad a form of anarchy as we could get. The effect of it is to undermine the confidence of the people in Government institutions."

Replies from Dr. Hincks appeared in some Toronto newspapers. He wrote in part as follows in the *Mail and Empire*:—

MENTAL DEFECTIVES.

To the Editor of The Mail and Empire.

Sir,—According to news reports, reference was made on the floor of the Ontario Legislature on Thursday, April 8th, to certain public remarks that were credited to me. Serious objection was taken to headlines that appeared in the Toronto *Daily Star,* that read as follows:—"Enough facts to blow up Parliament Buildings."

The *Star* reporter practically ignored the constructive phases of my address. Since, however, the matter has received publicity, I desire to present a few facts concerning mental abnormals in Ontario to justify an attitude of criticism.

The problem of mental abnormality is a most serious one in Ontario, and has not received the action that the subject

demands. The Hon. Mr. Justice Hodgins, in his recent Report on the Mentally Defective and Feeble-Minded in Ontario said:—"Those who are not normal are left to find their way into the courts and thence to jails, or remain to be a constant factor in hindering the education of ordinary children, and demoralizing their conduct. The magnitude of the evil, thus left untouched, is very great. There is no more potent influence in the production of vice and crime than the unwatched mental defective. . . . There is, therefore, great need for an immediate, intelligent, and systematic effort to ascertain, record, educate and care for the mentally defective."

A perusal of Commissioner Hodgin's report reveals not only the seriousness of the problem of mental abnormality, but shows that comparatively little has been done to meet the situation adequately. Information at hand demonstrates that the Commissioner was justified in his conclusions, and I will present a few facts to emphasize our dire plight in the field of mental hygiene.

We have no institution in the province that will assume the care of mentally deficient children under the age of six. The physicians of the Psychiatric Clinic of the Toronto General Hospital during the last few years have examined 47 such children who were in pressing need of institutional treatment. Some of these cases were of heart-rending nature. I have the record of an idiot daughter of a Canadian soldier serving at the front. This little unfortunate was bed-ridden, and screamed for many hours out of the twenty-four. The distracted mother was forced to leave one rooming house after another because of the undesirability of her tenancy. Great pressure was brought to bear upon the Provincial Secretary then holding office to secure institutional care for this child, but all efforts were unsuccessful.

We have examined in Toronto 438 mentally abnormal prostitutes during the last six years. The majority of these unfortunates were infected with venereal disease. Most of these cases have passed through law courts, reformatories, and jails, and have been allowed to return to the general community to repeat former offences. Since venereal disease costs this province many million dollars a year, and since the mentally deficient prostitute is accountable for a considerable proportion of this loss, it is unfortunate that the problem has not been dealt with more promptly.

Immorality sometimes gets root among school children because of the presence of unmoral defectives in the regular classes. In one school investigated 50 odd children were found to be witnesses to the most serious immoral practice, and the chief actors in the tragedy were a mentally deficient boy and girl. In spite of such findings, little has been done in the Province to segregate mentally unfit children.

If we were to establish special classes for mental abnormals in primary schools we should cut down tremendously the magnitude of our problems of crime, prostitution, illegitimacy and pauperism. It appears to me that a serious attempt has not been made by the educational authorities to provide these needed classes.

Since May, 1919, 87 cases of insanity or suspected insanity have been sent to the Toronto jail. These individuals were cast into prison for no other reason than that they were afflicted mentally. Among this number was a well-known physician, and another a millionaire. In some cases restraint was adopted to keep the patients quiet—a barbarous method that has been banished from most parts of Canada. Surely in the enlightened Province of Ontario such a state of affairs should cease to exist. I am not raising the debatable point as to whether the onus of the present lamentable condition rests chiefly with the Province of Ontario or with the Municipality of Toronto. It is my belief, however, that the Province should assume some obligations.

It is impossible for me to furnish accurate data concerning the status of Ontario institutions caring for the insane. The reason for my lack of information lies in the fact that the Executive officers of the Canadian National Committee for Mental Hygiene have not been invited to inspect these asylums. All other provinces in the Dominion have thrown open their doors for our study in this regard. In co-operation with the Department of Soldiers' Civil Re-Establishment, the Medical Director of our Committee, together with a representative of the Department of Soldiers' Civil Re-Establishment were informed that an inspection in Ontario was not desired. I have a former Medical Superintendent's word, however, that Ontario institutions have for the most part not kept abreast of the times, and I accept his statement because he was in the asylum service for many years, and should be in possession of the facts.

It is the desire of our National Committee to co-operate

with all Governments in Canada in an endeavor to solve the difficult problems of mental abnormality. We have been fortunate in being called into consultation by all provincial governments with the exception of Ontario. The Federal Government has seen fit to grant us $10,000 a year to secure what assistance we could offer in connection with immigration, military, and other problems.

It would be unfortunate if the headlines of a newspaper account were to hamper constructive work by our organization in this Province.

Yours, etc.

C. M. HINCKS,

Secretary of the Canadian National Committee for Mental Hygiene.—Toronto. April 10.

Reports of Societies

PROVISIONAL PROGRAMME OF THE NEXT MEETING OF THE ONTARIO MEDICAL ASSOCIATION

Toronto, May 25th, 26th, 27th and 28th, 1920.

According to the preliminary programme now announced by the Committee in charge, the Fortieth Annual Meeting of the Ontario Medical Association, which is to be held in Toronto, during the dates of May 25th, 26th, 27th and 28th, 1920, bids fair to excel in point of interest and instruction previous gatherings of the Association.

During the past two months the members of the Programme Committee have been assiduously endeavoring to secure the co-operation both at home and from abroad, of outstanding members of the profession to take part in the scientific programme.

In referring to the list of speakers and their subjects, elsewhere to be found in our columns, it will be readily recognized that an exceptionally well balanced programme is assured.

Now that the medical profession is largely rehabilitated following the past five years of greatly depleted ranks at home, the Ontario Medical Association will undoubtedly have a most enthusiastic and representative gathering at its Fortieth Annual Meeting.

SECTION OF OBSTETRICS AND GYNÆCOLOGY.

PRELIMINARY ANNOUNCEMENT FOR FORTIETH ANNUAL MEETING.

Dr. Thos. S. Cullen, Baltimore, Professor of Gynæcology, Johns Hopkins: "Distribution of Adenomyomata containing Uterine Mucosa."

Dr. B. P. Watson, Toronto: "Induction of Labor."

Dr. E. K. Cullen, Detroit: Title to be announced.

Dr. W. W. Lailey, Toronto: "Complement Fixation Test (in Gonorrhœa in Female)."

Dr. G. G. Copeland, Toronto: "The value of Rectal Examinations in Obstetrics."

Dr. C. J. Currie, Toronto: "Post-Partum Temperatures."

SECTION OF SURGERY.

PRELIMINARY ANNOUNCEMENT FOR FORTIETH ANNUAL MEETING.

Toronto, May 25th, 26th, 27th and 28th, 1920.

Dr. George D. Stewart, Prof. of Surgery, University and Bellevue Hospital Medical College, New York: "The Gastric Hypermotility associated with Diseases of the Gall Bladder, Duodenum and Appendix."

Dr. N. W. Percy, Assoc. Professor of Clinical Surgery, McGill University, Montreal: "Technique of the Transfusion of Whole Blood and its value in association with surgical procedures in the treatment of pernicious and other anæmias."

Dr. Edward B. Archibald, Lecturer in Clinical Surgery, McGill University, Montreal: "Pancreatitis."

Dr. James Masson, Mayo Clinic, Rochester, Minn.: Subject to be announced.

Dr. Emerson Hodgins, London, Ont.: "Tumors of the Brain."

Dr. Wallace Scott, Toronto: "Fractures of the Skull (their diagnosis and treatment)."

Dr. John R. Parry, Hamilton: "Surgical Treatment of Empyema."

Dr. S. M. Hay, Toronto: "Diagnosis of some Common Acute Abdominal Conditions."

Dr. E. Stanley Ryerson, Toronto: "Relation of Pathological Conditions of the Gall Bladder to Treatment."

Dr. D. E. Mundell, Kingston: "Tendon Transplantation."

Dr. W. H. Harris, Toronto: "Conditions simulating Gastric Ulcer."

Dr. Roscoe Graham, Toronto: "Significance of Pain in the right Iliac Fossæ."

Dr. Ed. D. Robertson, Toronto: "Treatment of Ununited Fractures."

Dr. Robert McComb, Toronto: "Perineal Prostatectomy."

SECTION OF MEDICINE.

PRELIMINARY ANNOUNCEMENT FOR FORTIETH ANNUAL MEETING.

Toronto, May 25th, 26th, 27th and 28th, 1920.

Dr. E. C. Rosenow, Mayo Foundation, Rochester: "Studies of Influenza."

Dr. A. W. George, Asst. Instructor, Dept. of Rœntgenology,

Tuft's College Medical School, Boston: "X-Ray as an Aid in the Interpretation of Symptoms referable to the Biliary System."

Dr. Chas. F. Martin, Prof. of Clinical Medicine, McGill University: "Psychiatry, from the Standpoint of the General Practitioner."

Dr. J. W. Crane, Dept. of Pharmacology, Western University, London: "Dietetic Treatment of Infections."

Dr. A. H. Caulfield, Clinician to Dept. of Medicine, Toronto University; and Dr. G. E. Richards, Radiologist, Toronto General Hospital: "A Comparison between the interpretation of the findings in Chronic Pulmonary Lesions in Clinical and Stereo-Rœntgenographic Examination."

Dr. J. G. Fitzgerald, Prof. of Hygiene, University of Toronto: "Analysis of Diphtheria Deaths in Toronto."

Dr. George Pirie, Assoc. Attending Physician, Hospital for Sick Children, Toronto: "Vomiting and Constipation in Infancy."

Dr. Jabez H. Elliott, Physician, Chest Clinic, St. Michael's Hospital, Asst. Physician, Chest Clinic, Hospital for Sick Children, Toronto: "Pregnancy a Menace to the Tubercular Mother."

Dr. Norman B. Gwyn, Clinician to Dept. of Medicine, Toronto University: "Clinical Side of Empyema in Influenza."

Dr. J. E. Kidd, London, Ont.: "Acidosis in Influenza Pneumonia."

Dr. W. R. Campbell, Clinician to Dept. of Medicine, Toronto University: "Renal Functional Tests for the General Practitioner."

Dr. E. A. Morgan, Assoc. Attending Physician, Hospital for Sick Children, Toronto: "Diarrhœa in Infancy (general management and treatment)."

Dr. N. M. Keith, Clinician to Dept. of Medicine, University of Toronto: "The Treatment of Renal Disease in regard to the Newer Functional Tests."

Dr. G. A. Davis, Toronto: "Interval Methods of Feeding."

Dr. D. King Smith, Dept. of Dermatology, Toronto Gen. Hospital; Dr. Emerson Trow, Asst. in Clinic of Diseases of Skin, Toronto Gen. Hospital; and Dr. H. A. Dickson, Clinical Asst., Dept. of Skin, Toronto Gen. Hospital: "Presentation of some interesting cases of Diseases of the Skin."

Dr. C. H. Robson, Anæs. Hospital Sick Children, Toronto: "Intratracheal Anæsthesia (with exhibition of apparatus)."

Dr. R. D. Defries, Dept. of Hygiene, University of Toronto: "Viability of the Vaccine Virus."

News Items

It is reported in England that Sir A. E. Garrod, of St. Bartholomew's Hospital, London, will probably succeed Sir William Osler as Regius Professor of Medicine at Oxford. He is 62 years of age, has a great reputation as a physician, and did good work during the war, mostly in the Mediterranean areas.

A public meeting was held at Oxford, March 6th, to consider what steps should be taken to perpetuate the memory of Sir William Osler.

At a meeting of the College of Physicians, of Philadelphia, March 3rd, Dr. Thomas McCrae read a memoir of Sir William Osler, Dr. Hobart Hare on "Osler as a teacher and clinician," Dr. Charles Burr on "Osler as a man of letters," Dr. George Norris on "Osler as a host to the Americans in England during the War," Francis Packard on "Osler and the library of the College of Physicians of Philadelphia."

At the annual meeting of the London Health Association, held April 10th, Sir Adam Beck was elected president for the 9th time. Nine years ago this association was formed by Sir Adam and Lady Beck. Helped by a number of friends, they organized the Byron Sanitarium for the treatment of patients suffering from tuberculosis. It has done good work in all these years and is, without doubt, one of the best institutions of its sort in North America.

A special New York correspondent to the Toronto *Mail and Empire* states that the cost of woman is now high. According to recent legal decision one female leg is now valued at $40,000. According to other decisions, the following values have been given by legal decisions: Hair, $20,000; nose, $15,000; eyes, $20,000; broken heart, $250,000; broken arms, $85,000; broken legs, $80,000; total $460,000.

It is stated that if the ex-Kaiser is tried within a short time he may not be capable of pleading. He shows symptoms indicating serious cerebral changes. In conversation his face is reported to lose its expression and his gaze to become vacant. There are tremors of the arms and legs, and corpulency is marked. His speech is slow and he is greatly aged. Medical opinion in England inclines to the view that the ex-Kaiser probably has general paralysis of the insane.

Dr. Conboy, who has charge of the dental section of the Department of Education, reports that since the dental survey began about a year ago, more than 1,000 Ontario pupils have been examined and more than 60% had defects. In some schools more than 95% of the pupils had diseased conditions in their mouths. It is generally admitted that Dr. Conboy is doing a great and good work in the inspection of our public schools.

The special course in Mental Hygiene given by the Social Service Department last spring was eminently successful. Consequently it was decided to give another this year and the course which will last eight weeks commenced April 18th, and will end June 11th. The principal teachers will be Drs. C. K. Clarke, C. M. Hincks, and Eric Clarke.

Personals

Dr. John Brown, Jr., has been appointed Senior Secretary of the Physiological Dept. of the Y.M.C.A., of North America.

Dr. Frederick Winnett returned from California about the middle of April.

Dr. Price-Brown returned to Toronto, April 14th, after spending five months in California.

It was announced, April 11th, that Dr. Helen MacMurchy, of Toronto, had been appointed head of the division of Child Welfare of the Federal Department of Health, Ottawa.

At the 17th Annual Convention of the Graduate Nurses' Association of Ontario, Miss Ella J. Jamieson, of Toronto, was elected president.

Among those present at the University of Toronto dinner, Buffalo, February 21, was Dr. J. D. Bonnar, who graduated from Trinity University in 1878.

Dr. Dowell Young, of Cornell University, has been appointed Professor of Biology in Dalhousie University, Halifax, in the place of Professor C. Moore, resigned.

Dr. T. J. McNally, who was District Officer of Health for Grey, Bruce and Simcoe, has been transferred to the Sarnia District which was formerly under the control of Dr. Bentley.

Dr. D. E. S. Wishart is at present in Boston taking a special course under Professor Mosher and Dr. Faunce, and will enter Manhattan Eye and Ear Hospital as House Surgeon next September.

Dr. Stafford Otton, who graduated from Toronto in 1913, after practising for a time at Timmins, went overseas in 1915. He has returned to Canada and is now practising at Newmarket, Ontario.

Dr. Thos. H. Halstead, who graduated from Toronto University in 1887, went overseas in 1918 as Chief of the Bureau of Medical Research, and remained in Paris until the latter part of 1919, has returned to professional work at 157 DeWitt St., Syracuse, N.Y.

Dr. J. De La Matter, who graduated from Toronto in 1906, was presented with the Royal Humane Society Medal and an address at a reception of the returned soldiers of the County of Hastings, held February 2nd. Dr. De La Matter saved two people from drowning in the Trent Canal last summer.

Dr. E. C. Barnes, for some time Assistant Superintendent at the Homewood Sanitarium, Guelph, has been appointed Medical Superintendent of the Hospital for Mental Diseases at Selkirk, Manitoba. It was expected that he would take over his new duties, May 1st. He was at Homewood for about 15 years and during that time acquired the esteem of his patients and an excellent reputation among his confreres.

Obituary

GEORGE MILTON WARREN, M.D.

Dr. Warren died at his brother's residence, 4 Elm Avenue, Toronto. April 8th, aged 72.

Book Reviews

International Clinics: A quarterly of illustrated clinical lectures and especially prepared original articles on treatment, medicine, surgery, etc., by leading members of the medical profession throughout the world. Edited by H. R. M. Landis, M.D., Philadelphia. Vol. IV., 29th series, 1919. Philadelphia and London: J. B. Lippincott Company.

This volume contains a most interesting set of clinics as well as many excellent articles. Always in the van, International Clinics seems to improve with each number. The scope of the contributions is so large that there is something worth while for every one. The "Clinics" fills a very important place in every library.

International Clinics: A quarterly of illustrated clinical lectures and especially prepared original articles by leading members of the medical profession throughout the world. Edited by H. R. M. Landis, M.D., Philadelphia. Vol. I, Thirtieth series, 1920. Philadelphia and London: J. B. Lippincott Company.

Since this well-known quarterly has entered a more clinical course, it is in a class by itself. The selections this time are particularly good. Judd's article on "Intrathoracic Goitre," Young's on "Vincent's Angina" and Vincent Lyon on the "Gastric Crises" are worthy of special mention. The "Progress of Medicine" and the "Progress of Surgery" for 1919 are particularly valuable.

The Almosts: A Study of the Feeble-Minded. By Dr. Helen MacMurchy. The Riverside Press, Cambridge, Houghton: Mifflin Company, Boston and New York, 1920.

In this wonderful and attractive little book, Dr. MacMurchy traces the history of the feeble-minded from the days of Shakespeare and Walter Scott down to the present time.

In the early days they were termed fools and clowns, the fool being often a mere idiot or natural, and the clown frequently a rustic or " shrewed domestic".

We are told that fools are mentioned in the Domesday Book and the Duke of Normandy had a fool or court jester and so, of course, had many other British sovereigns, especially those of the Stuart line.

Dr. MacMurchy discusses many of the remarkable characters described by such authors as Bunyan, Scott, Dickens, Bulwer Lytton, Charles Reade, Nathaniel Hawthorne, and seven or eight other well-known authors, and in doing so draws distinction between the different types of mental defectives and also of eccentric and peculiar people. She has described certain traits in these interesting people in a most readable and charming style.

Among the most interesting of these is Walter Scott's Davey Gellatley, found in the early chapters of Waverley. Scott's description of Davey is a remarkable one, and it is unlikely that any better description of a mentally defective man can be found anywhere.

Dickens' description of Little Dorrit's Maggy is quite as interesting as that of Scott's Davey. Little Dorrit explained that Maggy, aged 28, "had a fever when she was ten years old, and she has never grown any older ever since." Little Dorrit then explains that Maggy "was never to be more than ten years old, however long she lived." This is an interesting forecast or prophecy as to "mental age" that we now hear so much about.

Dr. MacMurchy endeavors to show that if the mentally defective are cared for from childhood their tastes remain the innocent tastes of childhood. These defectives, when carefully supervised, are generally kind and affectionate with perhaps the one exception of the moral imbecile.

Dr. MacMurchy tells us that kindness is the key that unlocks the problem of the feeble-minded, who, however, must have a permanent guide, philosopher and friend. Mental defectives cannot manage by themselves though we have tried to pretend to the contrary. Let us teach them what they can learn, not what they cannot learn.

In conclusion, let us say briefly that this delightful little book contains the best that we have seen regarding that very numerous and unfortunate class known as the mental defectives.

Diseases of the Nervous System: A text-book of neurology and psychiatry. By Smith Ely Jelliffe, M.D., Ph.D., formerly Professor of Psychiatry, Fordham University, New York, and formerly adjunct Professor of Diseases of the Mind and Nervous System, New York, Post-graduate Medical School and Hospital; and William A. White, M.D., Superintendent of St. Elizabeth's Hospital, Washington, D.C., Professor of Nervous and Mental Diseases, Georgetown University, Professor of Nervous and Mental Diseases, George Washington University, and lecturer on Psychiatry U.S. Army and U.S. Medical Schools. Third edition, revised, rewritten, and enlarged. Illustrated with 470 engravings and 12 plates. Lea & Febiger, Philadelphia and New York, 1919.

To have reached a third edition in so short a time, when the field is limited and overcrowded, is a measure of the merits of the book. This edition has been remodelled and rewritten, and carefully brought up to date so that it still remains in the "van and front" of works on neurology. The text is drawn largely from the experience of the authors and the illustrations are excellent.

Selected Articles

ENCEPHALITIS LETHARGICA

By Smith Ely Jelliffe, M.D., Ph.D., New York.

"Life is short, art long, and memories tenacious," while a misquotation of a medical classic, is verified by the history of the development of the idea of encephalitis lethargica. Originally employed by v. Economo, of the Psychiatric Clinic of Vienna, in 1917, to designate a special type of disease which he described as an epidemic disorder, also occurring sporadically, and due, he thought, to v. Wiesener's organism, the widespread distribution of this general type of case has given rise to much study and experimentation all over the globe.

From the historical side studies soon appeared showing the antiquity of the observations made upon epidemic types of encephalitis, and among these were not wanting certain students of antiquity who traced the epidemic occurrence of lethargic and sleepy states, analogous in some sense to our present day disorder under discussion, back to Hippocrates and even to Homer. Thus Crookshank has brought together sufficient proof to uphold the contention that during epidemics of influenza a certain number of cases of encephalitis were bound to occur and Leichtenstein has cited many instances in literature in which the causal relationships of mesencephalitis and influenza admit of little controversy.

Present day neuropathology can see no particular reason why this should not be so since it recognizes that a vast variety of different causes through action at or upon certain regions of the anatomical pathways can produce almost identical results and that noxa derived from influenza, pneumonia, poliomyelitis, measles, syphilis, alcohol, food and other toxins can each produce a mesencephalitis with the precise syndromy of v. Economo's lethargic encephalitis. Moreover, it recognizes that, whereas all of the agents cited have been actual etiological factors, as a matter of fact, certain ones are more likely to be in evidence and this is really the nucleus of the problem.

It is certain that the encephalitis in the midbrain structures, due to the influenza organism, was among the first to have been recognized—and certainly the first outlined. Crook-

shank, in a series of articles has laid emphasis upon these observations. Thus to mention but one leading observation he cites an interesting reference in Le Palmier's work of 1578 to a *paraplegia inaudita sed lethalis quae in Thaso contigit.* We cannot here go into a more extended quotation from this, the last of Crookshank's papers, interesting and profitable though it is, but the evidence of the intercurrence in the past of at least two types of cases causing lethargy and eye palsies, namely, the influenzal and poliomyelitis types, is unmistakable.

With these very brief notes on the historical aspect we turn to the development of the present situation, for soon after Economo's report, Austrian, German, English and French observers commenced to publish similar observations. The first English reports chiefly concerned themselves with the food toxin hypothesis (botulism) as applicable to their cases, but it soon became evident that this premise was not altogether tenable although the faulty olive packing which has been going on under the stress of war situations must not be entirely left out of consideration.

Netter, in France, accepted v. Economo's term, lethargica encephalitis, which is now more or less in vogue to indicate an encephalitis involving chiefly the structures of the midbrain, pons, and cerebellum.

Distribution.—The distribution has been worldwide as might be expected. Case reports have come from Austria, England, France, Italy, Spain, Germany, Norway, Sweden, Switzerland, Australia, Canada, the United States, Mexico, and many South American countries. It would not be practical to quote them all.

Clinical.—V. Economo's original study may be taken as the starting point for the present discussion. It is a study of the epidemic which made its appearance in Vienna in the winter of 1916. The most prominent symptom was the tendency to sleeping fits of long duration. After the exclusion of nutritional and toxic disturbances as the etiological factor influenza was the one suggested. v. Wiesener found a diplostreptococcus which in monkeys produced a similar disease picture. This diplostreptococcus may perhaps be regarded as the cause of a disease resembling grippe, the most marked clinical feature of which is encephalitis lethargica. At times it may assume a hæmorrhage character and may also lead to a general hæmorrhage diathesis. Clinically the onset of the

disease is acute. There is sometimes fever, but not always, and there is often delirium which is independent of fever. There is nearly always tendency to sleep, usually without stupor upon awakening. It is not yet determined whether the tendency to sleep is a general symptom, or is the local one in the sense of an interruption of the connection between the sense organs and brain cortex or an inhibition of the functions of the cortex through a centre in the mesencephalon. There seems to be as a rule a slight cell multiplication in the spinal fluid. The number of polynuclear cells is usually increased. Often there are ocular disturbances, especially oculomotor paralysis (which however may disappear), as well as other bulbar disturbances. Slight paralysis of the extremities is frequent as well as disturbances of the reflexes; sometimes there are long continued spasms of rigidity, athetosis, and more frequently ataxic affections, so that the disease picture may resemble that of acute multiple sclerosis.

The prognosis *quad vitam* is unfavorable; of thirteen five died, not from the severity of the symptoms but from the final extension of the disintegration processes in the oblongata. *Quad restitutionem* the prognosis is favorable. Macroscopically there is strong hyperæmia of the soft brain membranes and, in acute cases, of the gray brain substance.

Microscopically, in acute cases, there is a slight involvement of the meninges in the form of foci, as well as of the brain cortex, of the basal ganglia down to the oblongata, also infiltration of blood vessels, interstitial infiltration of the gray substance and neuronophagia. The escape of hæmatogene elements into the nerve tissue is ascertained though it is not certain that the greater part of the infiltration cells are of this origin. Polynuclear leucocytes were seldom found in the nerve tissue, especially in the more acute cases. The discovery of the neurophagia or rather the neurocytophagia has nearly the value of a pathognostic discovery, but this phenomena is always an isolated one, the part affected being at times entirely surrounded by sound tissue. The whole picture corresponds to poliœncephalitis superior. The virus of infection seems to have a special affinity for the gray substance.

Encephalitis lethargica is a true inflammatory process of the nerve parenchyma with secondary small cell infiltration. The author compares his findings with those of other forms of encephalitis and comes to the conclusion that some of the forms hitherto described belonged to this group. He assumes that

poliœncephalitis lethargica produced by the diplostreptococcus of Wiesener may be epidemic but that it may also appear sporadically. He separates those encephalitides in which vascular changes occupy the foreground from the true inflammatory parenchymatous type of which one form, the myelœncephalitides, attack principally the medulla and another form, the poliœncephalitides, attack principally the gray substance.

In his latest communication, v. Economo would separate his type from other types. He states "that encephalitis and myelitis following grippe, which occur in a small proportion of cases are distinguished both clinically and in their pathologicoanatomical character from encephalitis lethargica. The latter presents a definite disease picture and the microscopical examination reveals that it is characterized by a neurophagia which is absent in the grippe encephalitis. The pathological changes in encephalitis lethargica are for the most part in the gray substance, while the foci in grippe encephalitis are scattered indifferently throughout the white and gray substance. The encephalitis lethargica further attacks the cortex, the region of the third ventrical and the aqueducts, the foci rarely extending to the fourth ventricle and oblongata. Clinically the appearance of pseudomeningitis and the profound unconsciousness in grippe encephalitis is wholly different from the encephalitis lethargica of which the characteristic is drowsiness or periodical sleeping fits."

In most of the cases recorded and in those observed personally there is a certain uniformity of picture which is quite diagnostic, yet the more cases are seen the wider grows the variability in syndromy. The cardinal features are the ocular palsies, the somnolent, comatose or mildly delirious mental state, a general febrile course, paretic or paralytic syndromes and certain general bodily symptoms.

The early occurrence of the ocular palsies is one of the most striking features of the disorder. These usually precede or are concomitant with the development of the sleepy state. Sometimes the patient consults the physician for his eye difficulties which may at first appear in an isolated manner, the patient suffering in his general health, perhaps solely from some lassitude. Thus some patients walk into the office, feel sleepy, but are wide awake on questioning and then when undisturbed are drowsy.

The ocular manifestations are most frequently double

vision and ptosis, but a great number of variations are observed. Rarely are all of the oculomotor nuclei involved. Parts of the third pair may be implicated or there may be a unilateral or bilateral sixth nerve weakness or palsy. Homonymous diplopia with convergent strabismus or crossed diplopia with divergent strabismus may be encountered.

Accommodation defects occur. The pupillary reflexes are also implicated. Loss of light and accommodation reflexes in marked lesions of the third nerve nuclei have been personally seen and they are also frequently recorded in the literature. At times in less severe oculomotor palsies there are marked disproportions in the relative reactability of the light and accommodation reflexes. In some cases the palsies appear to be migratory rather than progressive. It is still an open question whether a true Argyll Robertson reaction has been observed. Nystagmoid movements are frequently found and in some instances a retinitis may accompany the lethargic state particularly in the more distinctly influenzal types. Concerning the numerous rarer anomalies there is already a voluminous literature.

Lethargy.—It is chiefly by reason of this general symptom the disease picture has obtained its name. Like all other natural phenomena it, too, presents wide fluctuations, varying from mild drowsiness, from which the patient may be readily wakened; to severe coma with muttering delirium and loss of control of the bladder and rectum. While certain observers would maintain that the deep comatose states should not be considered as belonging to the syndrome, I believe that this is really not a tenable position. Nevertheless it may be held on the basis of the observations reported that the milder grades of sleepiness are more frequently observed. The chief feature, I believe, is to attempt to distinguish a stupor or coma on a toxic basis from one that is determined more by cutting off of sensory impressions by a focal lesion, localized in or about the thalamic sensory stations. Since the mental state itself interferes with those finer sensory testings which are of value in localizing the focus neuropathology is slowly establishing criteria to determine the precise locus of involvement.

As stated, this marked sleepiness is one of the outstanding features of the syndrome. It is likely to be abrupt in its onset, as indicative of the focal nature of an encephalitis, which as already seen in v. Economo's findings, frequently is hæmorrhagic. The sleepiness is sometimes accompanied by a headache.

The patients just doze. They are usually readily aroused; are not peevish or irritable; are comparatively clear minded on being awakened and rarely have any speech defects. So long as the external stimulus is strong they remain awake, but promptly doze off as soon as one ceases to examine them, talk with them, or pinch or move the limbs. As a rule they carry out all orders and open their eyes in a drowsy and almost forced sort of way, more forced if there is partial ptosis, look about with a dazed and absent air, and then go to sleep—like a sleepy child.

In milder grades the sleepiness comes on in attacks, lasting a few minutes or a few hours and then the patient with slightly increased effort is able to keep his attention upon the external world of reality. Sometimes a patient will pinch himself or take coffee to keep awake. In the more severe grades this lethargy may last days, even weeks, with periods of restlessness and irritability in shorter or longer periods when awake. In some cases it is very difficult not to feel that there is really an underlying insomnia under the apparent somnolence—a feature to which special attention has been directed by some writers.

My own observations point to a fairly definite underlying mental unrest; a sort of psychical excitement, which might have shown itself in mild delirium if there were less blocking in the motor pathway. Thus I have noted a few cases in which there was a transient ocular stage, severe headaches and a strong wish to be on the go to escape the headache, but an inability to do so. The patients either lay still and attempted to doze to forfend the profound discomfort or they languidly walked and walked to obtain relief, being only half awake all the time. And yet the majority of the patients complained of no marked discomfort, concerning which, however, the fragmentary nature of their conversational capacity left one in doubt. Certain confusional, mild hallucinatory deliria may be observed. These attacks, frequently at night, may alternate irregularly with marked drowsiness during the day. It would require a monograph to discuss the psychical variations.

While these two symptom groups are those, which standing alone, or in the foreground, have given rise to the loose but dramatic generalization, lethargic encephalitis, the syndrome of this general neuropathological group is much wider. No attempt will be made to do justice to all of its several features.

but attention may be directed to certain other frequently observed symptoms.

Facial palsies of varying degree are not infrequent. They usually develop more slowly than the ocular palsies but at times their onset is brusque. Trismus is sometimes noted, and I have not infrequently observed speech difficulties. These are so often masked or covered up in the sleepy responses, or mildly hallucinatory dreamy delirium, that their precise nature is overlooked or incapable of exact analysis. Anomalies of the muscular movements of the lips, palate, and larynx, resulting in dysarthrias, dysphagias, dysphonias, and other disorders are found in this medley.

In line with the idea of a slight excitement one frequently sees hypertonic states usually involving either the whole body or certain segments. Some of the patients lie like catatonics; others resemble cataleptic states, to be separated from psychogenic disassociations solely on the etiological foundations. Similarly when the encephalitis centres about the red nucleus, the cerebellar mechanisms are involved with parkinsonian features, and the whole gamut of midbrain tremor states may be looked for. The facial immobility, to which many authors have called attention, is very suggestive of the parkinsonian facies. Choreic, choreoathetoid, and myoclonic movements and spasms are frequently seen. Acute ataxia is an older name given to certain forms of this type of syndromy. Asynergia is present in this group and various irregular types of incoordination.

More marked hæmiplegic states are often seen and when, as rarely happens, the various symptoms develop more slowly, some of the patients are, when seen but once, thought of as suffering from brain tumor. In three instances I have had the comfort of a discomfiture in that patients have recovered from what I had diagnosed as probable brain tumor, which on reviewing a number of facts either not obtainable or overlooked at the time of consultation, have led me to recognize certain rare and anomalous types of mesencephalitis belonging to the larger group.

In this type of case, as in many if not most of the cases, the tendon reflexes are likely to be exaggerated, clonus may at times be observed, Babinski's toe phenomena, and other signs of pyramidal tract involvement. The little signs of hæmiplegia are frequently found.

Febrile states.—The disorder is nearly always accompanied

by mild elevation of temperature. This is likely to persist about a week, but may extend for the period covered by the lethargy. At times it may mount to 104° F. but rarely is it above 102° F. and sometimes not over 100° F. The pulse and fever are likely to be associated. In many influenzal types I have observed a marked bradycardia, associated, in my mind, with the pronounced vagotonic action of the influenza organism. Loss of appetite, gastric irregularities, marked myasthenia, and frequently rapid emaciation are nearly always present.

Of the laboratory methods that aid in the diagnosis there is not enough uniformity to come to definite generalizations. When there is a trend toward a meningeal onset, which is to be thought of in uncertain cases, there are cytological findings of a positive nature, but since the meningitis is likely to be secondary in the more limited groups under discussion the cytological formula is not so helpful.

Prognosis.—Since the reports are still coming in the situation can only be stated in general terms. Netter speaks of the mortality as high as thirty-five per cent.; the English reports, Wilson *et al.*—about twenty-five per cent. The Austrian cases, which are still being observed (February, 1920) are put as low as five per cent. Inasmuch as the limited problems of Economo's generalization must be read in the light of the larger group of midbrain encephalitis, the prognosis will depend largely on the localization of the process. When the symptoms point to respiratory and cardiac involvements the prognosis is naturally bad—when the symptoms are clearly and focally localized in the oculomotor, thalamic and red nucleus regions the prognosis as to life is better.

Some of the patients recover entirely. Others have residual and persistent eye palsies, tremors, or mild paretic phenomena. I recall one patient of eighty with marked sleepiness lasting two weeks, some loss of bowel function and marked diplopia, who now, five years later, is perfectly well save for a dizziness chiefly due to a weakened external rectus muscle.

Pathological physiology.—While the interpretation of most of the symptoms is fairly clear in view of the present neuropathological data concerning midbrain functioning, the lethargy is still open to much further research. Much space would be needed to develop the argument. Certain students have suggested the lethargy to be an infundibular phenomenon. The warrant for this is not sufficient. I believe the search will be

most profitable as one studies the thalamic involvements or the cutting off of thalamocortical fibre associations by the focus. This requires whole brain section work, as tedious and as time consuming as the analysis of the aphasia problem, hence it will be some time before we can generalize upon this important aspect of this syndrome.

Treatment.—This still remains symptomatic.—*New York Medical Journal.*

STRANGULATED HERNIA

By Professor Hartman,
Surgeon to the Hotel Dieu, Paris.

In this I propose to deal with a very grave complication of hernia—viz., strangulation. This accident is due to the fact that under certain circumstances a hernia is kinked or otherwise pressed upon and obstructed with interruption of the passage of flatus and fæcal matter, in addition to interference with the blood circulation, creating a group of symptoms that entail a fatal result in the absence of surgical assistance.

The first thing to make out in presence of a strangulated hernia is the nature of the strangulating agent. It is usually situated in the neighborhood of the hernial pedicle. Sometimes, as in umbilical hernia, it is consequent upon a natural fibrous ring, in others by an adventitious fibrous ring. That is what happens in crural hernia. If you recall to your memory the anatomy of the thigh in the crural canal you will note that there is a sort of aponeurosis bounded by a sort of fold leaving a perforated space through which the lymphatic vessels pass—e.g., the *fascia cribriformis*. It may happen that the fibrous margins of these orifices undergo thickening and come to be fibrous rings of the so-called accidental variety. In crural hernia there is also another variety of strangulation—viz., when the intestinal loop turns round Gimbernat's ligament.

The various modes of strangulation just mentioned are due to agents external to the sac. But you may get strangulation within the sac itself as is the case in congenital hernia. Bear in mind the existence of the vagino-peritoneal canal which normally undergoes obliteration, but persists in cases of congenital hernia. This canal may present strictures, and should these

strictures thicken we get strangulation within the sac. This is shown by the fact in the course of the operation in some instances the return of the sac and contents into the peritoneal cavity has left the strangulation unrelieved.

I have mentioned that the strangulating agent is usually in the neighborhood of the hernial pedicle, but in exceptional cases it may be elsewhere. For the reasons explained above, it may, in congenital hernia, be lower down, where there is a stricture of the vagino-peritoneal canal. Again, it is sometimes seen above the pedicle, in which case the hernial sac is strangulated in a pro-peritoneal diverticulum. This, it is true, is very rare, but it must not be overlooked.

Let us now turn to the lesions within the sac, these lesions having a particularly important bearing on the intestine. The loop may be nipped in only one part of its circumference though, as a rule, the whole loop is pressed upon. The intestine quickly undergoes changes in appearance, in color (it becomes reddened), and its normally glistening surface becomes dull. The walls of the loop become infiltrated and tiny ecchymoses appear at the neck of the hernia.

At the neck, apart from the interference with the circulation, there is the pressure of this neck, consequently we often meet with a groove at this spot. These lesions herald the supervention of gangrene, as shown by a greyish parchment-like hue of the tissues, their softening and, finally, perforation.

Inside the sac we get a yellowish exudate, which first becomes sero-sanguinolent, then quasi-fæcaloid. Micro-organisms under these conditions find their way through the intestinal wall.

Apart from these changes, when we reach an advanced stage, we get signs at a distance: peritonitis and symptoms in the respiratory organs. Such patients often succumb to pulmonary congestion.

But how does the hernia become strangulated? How is it that the hernial orifice, which has previously allowed free passage to the gut, now refuses to allow it to pass back? This question has been well threshed out. There are simple cases, as in valvular narrowing of the canal for instance. When, during a violent paroxysm of cough, the subject has forced this orifice, it is easy to understand that the forced orifice should tend to return to its previous size and so strangles the loop of intestine. This, however, is not the common way. Speaking

generally, the ring has fixed dimensions, not subject to much alteration. How are we to explain the strangulation then? O'Bern made a convincing experiment. He made a hole in a piece of cardboard the size of a sixpenny piece, into which he introduced a loop of intestine. A catheter was introduced into the loop and tied in. Thereupon it was inflated, and the air passed in and out without difficulty. The next step was to blow strongly into the catheter, whereupon the air ceased to pass, the loop of gut having become kinked on the free edge of the orifice. This shows how strangulation takes place in hernia, no change has taken place in the orifice, but the sudden irruption of gas has kinked and blocked the intestine behind the orifice.

Other explanations have been suggested. For instance, the loop, in entering the hernial sac, drags in its meso-colon. If much meso passes in it paves the way to strangulation and, once begun, the process goes fatally on.

I now come to the symptomatology. A hernial patient with a hernia that has, so far, been easy to return, finds all at once that it cannot be coaxed back. This irreducibility does not come on gradually, but suddenly, and at the same time the hernia becomes tender. The patient complains of pain therein, also in the abdomen generally. He has colicky pains caused by irregular intestinal contractions. Sometimes, *but not always,* we get nausea and vomiting.

On examining the patient you find a hernial tumor, not only irreducible, but distended, a tumor which is no longer resonant on percussion, on the contrary, dull, owing to exudation within the sac. Then, too, on palpation, we find that the hernia is tender all over, especially the neck, since there it is that the intestine is most seriously damaged.

If a student be asked at the examination what are the signs of strangulation, he usually replies that the principal signs are, arrest of fæces and flatus with fæcal vomiting. Well, I trust none of you will ever give such an answer. It is true that in strangulated hernia there is arrest of gas and fæces and fæcal vomiting, but if you wait for these signs to make your diagnosis you will lose a large proportion of your patients. You must learn to recognize strangulated hernia long before it reaches this stage if you wish to operate under favorable conditions. Patients succumb to strangulated hernia simply because their doctor has not recognized the nature of the mischief soon

enough. To make an early diagnosis do not talk about fæcal vomiting or tympanites, or arrest of fæces and flatus. Under ordinary circumstances we do not go to the rear every half-hour. To know for certain that there is arrest of gas and fæces we should have to wait several hours, several precious hours, during which the mischief is getting worse.

In endeavoring to arrive at a diagnosis there are two things to steer clear of—viz., to overlook the strangulation and to discover a non-existing strangulation. In order not to overlook a strangulation you will carefully explore the various hernial orifices in search of a tense, renitent, tender swelling. You may thus arrive at a diagnosis—I say you *may* because this is not necessarily or invariably the case. You may exceptionally meet with very misleading conditions, the source of considerable hesitation and embarrassment. We had a case not long since in our wards of a patient who was sent in with signs of strangulation which we took to be internal. On the table we found the "nip" in one of the hernial orifices—viz., the obturator foramen, which, alas, we had omitted to explore. Even so, we might not have discovered anything because the lesion is very deeply seated, and therefore not readily accessible, but that is no justification for overlooking it.

And now for the treatment of strangulated hernia. Most students would at once say that we must employ taxis, that is to say, pressure, in order to coax the hernia back into the abdomen. That such a course should have been advised in times gone by I can quite understand, but that it should be suggested nowadays shocks me. Taxis is only admissible when operative measures are formally contraindicated. A century and a half ago Petit raised his voice against taxis in such cases. His injunction was, "Do not resort to taxis, because you never know what there is in the sac you try to return."

In what cases then is taxis to be recommended? When in aged, cachectic subjects you are called in directly, and when moderate pressure suffices to reduce the hernia, because here an operation would be dangerous. Even so, the taxis must be very gentle. To begin with, you must not press on the fundus of the tumor, for if you do you will spread it out and push it against the margins of the hernial orifice, consequently it will not budge. Press first of all on the neck and try to get that in gradually, whereupon the rest may follow.

Nevertheless, in the great majority of cases you will have

to have recourse to kelotomy. You make an incision over the neck of the sac, incising layer by layer until you come down on the sac. You may hesitate at a given moment, not feeling certain whether you have before you the sac or the intestine, but in these doubtful cases, try to remember that the intestine is red and free from vessels. You slit it up, and then you can decide what next to do. If the hernia contains omentum you simply resect it, if intestine you return it, provided, of course, that it be healthy. If on the contrary, the gut be much damaged, you will resect it or make an artificial anus.—*Medical Press.*

GRAVE FAMILIAL JAUNDICE IN THE NEWLY BORN

Humphrey Rolleston (*Practitioner*, January, 1920) says that in grave familial jaundice successive infants become jaundiced a few hours to a day after birth, pass into a drowsy condition, and usually die within a week, often with convulsions. It resembles physiological jaundice in its onset, and does not show any gross post-mortem appearances to account for the condition. He discusses the etiology, morbid anatomy, clinical features, and the differentiation from other forms of jaundice in the newly born. He suggests that in its most complete form the disease is hereditary, the mothers becoming jaundiced during the pregnancies of jaundiced infants, and that the usual familial form is an incomplete manifestation of the morbid process. The prognosis is bad; out of 130 collected cases 100, or seventy-seven per cent., proved fatal. As regards treatment, on the hypothesis that this grave familial jaundice of the newly born is due to fœtal toxæmia of maternal origin, the prophylaxis should consist of care in the mother's diet and the administration of intestinal and biliary antiseptics, such as hexamine, salicylate of sodium, minute doses of calomel, tetrachloride of naphthaline, salol, and guaiacol. Ballantyne recommends chloride of calcium. The infant should be treated with small doses of calomel and should not be given the breast.—*New York Medical Journal.*

Selections

PREVENTION OF VENEREAL DISEASE

Address given by Sir William Arbuthnot Lane, Bart., M.S., F.R.C.S., on December 16th, 1919.

The object of the Society for the Prevention of Venereal Disease is based upon the principle of spreading the truth, the whole truth, and nothing but the truth about Venereal Diseases, their causation, prevention, effects and treatment—in other words, we must educate the public.

The Society is strongly of opinion that every possible means should be employed to influence the young at the most impressionable period of their life, and to impress upon them the great importance of exerting control on their desires, and to point out to them that their married life, its associations and results, will be greatly benefited by such abstinence. It is most important that the younger members of the community should be instructed in the details of their physiology, and that knowledge of their sexual functions should no longer be regarded as improper or indelicate. This duty obviously devolves on the teachers, and while desiring in every way to inculcate the principles of morality, this Society considers it to be a function for which it is not fully equipped, and for which it has not been established.

We unfortunately realise only too plainly that, in spite of the large amount of moral propaganda which has been spread broadcast on the community, it is an indisputable fact that irregular intercourse has greatly increased, and that the average moral code of young women has altered very materially for the worse. This moral degeneration, especially among the women, will not disappear for a very long time, in spite of all attempts to educate and improve the tone of the community.

It is obvious that in the vast majority of cases, chastity is the only way in which exposure to risk of venereal diseases can be avoided; yet we recognise that the nature of mankind is such that irregular intercourse will continue to take place in the future, as it has done in the past, and that means must be adopted to reduce infection to a minimum in order that the community shall suffer as little as possible, and that these diseases shall be eliminated from amongst us. To attempt to

terrorise men and women by depicting the result of these diseases in exaggerated terms is futile, and will have as little effect on them as the fear of an imaginary hell exerts upon an educated people. Should men be impelled to indulge a natural healthy appetite, which varies widely in intensity in different people, such persons should know the most effectual means of avoiding infection, and how and when they should be employed to the best advantage. They should be in possession of the necessary equipment of drugs in a convenient form, so that they may be employed as soon as possible after intercourse.

They must realise that time is a matter of vital importance, and that while the effective use of antidotes within an hour after exposure affords almost certain immunity from infection, further delay by permitting the germs to penetrate beyond the reach of the germicidal action of the chemicals employed increases the risk of infection proportionately. That such means will be always employed effectively is unlikely, for the reason that a man may be drunk, or he may fall into a deep sleep after intercourse.—Such exceptional circumstances cannot be avoided.

To many men it would appear wiser that a young man dominated by a powerful passion should satisfy his appetite in a normal manner, than that he should have recourse to other more harmful and perhaps more dangerous means. As a nation, we are so hopelessly hypocritical that it would be inadvisable to carry this argument to a logical issue.

Our chief function as medical men is to *prevent* disease, and as time goes on and our public is rendered more familiar with the conditions underlying venereal as well as all other communicable diseases, such preventive treatment will become more generally taught in the schools than it is at present. If you wish to raise the standard of the medical profession, you must educate the general public simultaneously, so that the mass of the people will understand hygiene and will demand more skilled treatment.

Up to the present, this Society has limited itself to the distribution of printed slips describing briefly the drugs which have been found most useful and convenient, and the time and manner of their employment. It hopes soon to have sufficient means at its disposal to spread the knowledge of the preventive measures against these maladies among the members of the lay public, and to reduce and finally exterminate venereal disease from our midst.

PIONEER DAYS

DR. C. E. BROWN AND DR. F. R. BROWN

By Price-Brown.

In the days of old Madera,
In the long-past sunny era,
When the prairie spanned its surface like a dream.
When the sweet larks sang their story
And the gophers in their glory
Flitted swiftly through the grasses by the stream.

When the people in their ardor
Came from every land and border
And with fortitude amazing led their life,
And on widely scattered ranches
Upon roads that had no branches
Made their homes with courage for the strife.

There came to them a stranger,
A daring, manly ranger,
Young in body, full of vigor and of will.
He came to charm and heal them
From bodily ills to free them
By his hard-earned knowledge and his skill.

The doctor's soul inspired him
When any sick one called him
On a single moment's notice he was ready to depart.
Over mountain, forest, valley;
Over desert, range or prairie,
To wisely wrestle with the illness at the start.

For years he did his duty,
Manfully and truly,
A household treasure to the people whom he loved.
For when disease attacked them
He treated them and cheered them
For doctor and true friend he ever proved.

But one spring told a story
Most sadly stripped of glory;
The rain came down in torrents like a flood.

The rivers all were swollen.
And every ford was broken.
Yet the daily rides the doctor made were good.

One eve he came home early
Thinking this time he could surely—
Wearied, sick and sore—surely take a rest.
Not so. A mother's child was lying
Miles away—she thought dying.
Charles yielded—life for life. Was it best?

When his brother took his part,
Confrere in knowledge, as in art,
And in sorrow laid his body in the grave.
Then his work was taken,
With confidence unshaken,
For people's hearts were with him as he too worked to save.

And for many years did live
His services to give.
The brothers differing in manner, not in skill.
Charles was ever fresh and breezy.
Frank more wary, strong and easy.
Each one still abiding his destiny to fill.

But time did end the strife.
With Frank, like Charles, 'twas life for life.
For a man's life, he risked his own to save.
The surgeon's skill was needed
And willingly was granted;
But the germ of sepsis took the life He gave.

Yet they live, these men who have given their all
Of knowledge, of skill, of love, at the call.
Of all and sundry, whether wealthy or poor.
Who came to the office and knocked at the door.
And Madera, who loved them, will remember them still,
As she widens her borders over valley and hill.
And down in her heart, with those others who gave,
She'll remember the lost ones who lived but to save.

—*From the Madera Tribune, Cal.*

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CANADIAN POSTUM CEREAL CO., LTD.
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P.—4

Miscellaneous

Night Medical Service for Paris

The Prefect of Police of Paris has organized a service of night doctors for Paris, who will be available from ten o'clock at night until seven in the morning. The number will at first be thirty, to be increased if necessary. Paris is divided into five sections, in each of which a doctor is permanently on duty during the hour stated at a central police station, where a room containing the necessary accessories will be available. The call for the doctor will be made to the nearest police station by the patient, and a telephone message will then be sent to the central station and at the same time an automobile will be despatched to take the doctor to the patient. Each car is furnished with a case containing first aid appliances. The medical service is so organized that the turn of each doctor comes once in six days. Labor cases will be served by the midwives attached to the night medical service; if a midwife has to resort to a doctor for help she will be able to requisition his services on the lines indicated. The charge for night visits by the doctor will be a uniform one of fifty francs, except in cases of extreme poverty.—*New York Medical Journal.*

Encephalitis Lethargica Diagnosticated as Cerebral Influenza

Although many, especially in England, think that sleeping sickness is much more closely related to infantile paralysis than to influenza the idea that the affection may be grippal will not down, especially among those acquainted with the history of former epidemics. A case which was originally reported in an Argentine journal and is found in abstract in *El Siglo Médico* for January 7, 1920, lxvi, 3445, occurred in a woman of 22 with negative antecedents who was two months pregnant. She was seized with headache and fever and suddenly bilateral ptosis supervened. There was quiet delirium with somnolence. The latter symptom was early and continuous, and before taking to her bed the young woman was continuously dosing in her chair. She conversed at times and spoke distinctly. As she was gravid the scanty urine was at once examined and proved to be normal. However, renal complications were feared and energetic derivative treatment was practised. The only response was that abortion occurred, but there was no

Quotations from Doctors: No. 2

"The many cases of ovarian neuralgia that I have encountered in my practice during the past fifteen years, have been treated with hot applications of

I frequently use a weak solution of menthol over the part . . . then I dry the field and apply Antiphlogistine. The analgesic effect is instantaneous, and the general result is highly satisfactory to myself and my patients.

In dysmenorrhea I adopt the same procedure, making the applications over the symphysis, etc. Antiphlogistine always serves me well."

THE DENVER CHEMICAL MFG. COMPANY
MONTREAL

resulting improvement in her condition. To the ptosis was added some internal strabismus. Inspection of the mouth revealed the so-called "grippal arch" on the palate with mild pharyngitis. The "porcelain tongue" of Faissans was in evidence and the conjunctivæ was suffused. Uræmia and meningitis were now definitely excluded. Another affection excluded was botulism, as were also cerebral syphilis and abscess and tumor of the brain. There was no examination of the cerebrospinal fluid. After twenty-eight days of somnolence the patient suddenly expired. Clinically the case was lethargic encephalitis. Influenza was epidemic at the time in the vicinity, and there was absolutely no other causal factor to invoke.—*Medical Record.*

"Prescription 1920"

With the April number we began the publication of a series of advertisements for the Davis & Lawrence Company, of Montreal and New York, concerning their new preparation of the Hypophosphite Salts, which is being supplied under the agreeable and ethical name of "Prescription 1920."

"Prescription 1920" is supplied in two forms "with sugar" (the usual Syrup of Hypophosphites) and "without sugar" (the latter for use in cases, such as Diabetes, where sugar is contraindicated).

Without doubt, these preparations which represent an advance in Hypophosphite Medication, will be found of much service to the profession.

The series of advertisements (the first of which appeared in the April issue) refer to the purposes for which "Prescription 1920" will be mainly prescribed, under the following headings:—"Influenza and Pneumonia," "Nervous Diseases," "Pulmonary Diseases," "Cutaneous Disorders," "General Debility" and "The Child."

To acquaint the physicians of Canada with "Prescription 1920," a sample of each form "with sugar" and "without sugar" has been sent to every Doctor in the Dominion and stocks of the Preparation have been placed in the leading stores in practically every town, so that Doctors may now prescribe same with confidence that their Prescriptions can be filled without delay.

Any Physician who has not received these samples can obtain same by notifying The Davis & Lawrence Company, 356 St. Antoine St., Montreal, P.Q.

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Eagle Brand contains all of the proteins, carbohydrates and mineral salts required for healthy tissue growth. It offers a most satisfactory food in disorders of the stomach, and is readily assimilated by delicate infants. The Borden name is its guarantee of purity and excellence.

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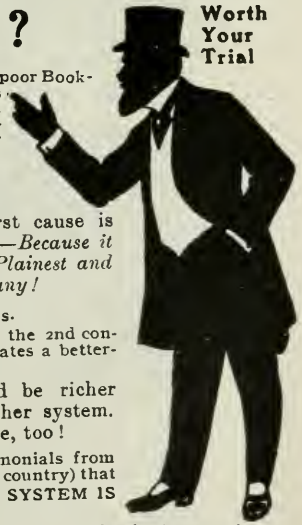

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(The favorite with Detroit Doctors.)

PHYSICIAN'S LEDGER (good for 5 years) leather back and corners, $4.00. Sample pages free.

The Illustrated Medical Journal Co.
15 West Milwaukee Avenue DETROIT, MICH.

This Bookkeeping system used by the Editors of *The Canadian Practitioner and Review.*

Botulism from Ripe Olives

For the fourth time within a few months a highly fatal outbreak of botulism due to ripe olives is recorded in our columns.

Three of the four outbreaks appear to have been traced to one brand of olives, packed in southern California, a fact that we believe should be given wide publicity at this time, even if commercial interests suffer. It seems at all events as if all local health authorities should make systematic attempts to find out whether this particular brand of olives is being distributed within their jurisdiction. It is only the part of prudence and good common sense to make sure so far as possible that olives of this brand are not being "salvaged" and perhaps distributed to scores of small groceries and delicatessen shops throughout the country.

Two particularly disturbing features characterize these later outbreaks, one being that the olives apparently responsible for the New York outbreak were not of the same brand as those causing botulism in Canton, Detroit and Memphis. If it is true that more than one brand of olives is involved in the causation of botulism, the difficulties that public health authorities will have in coping with this menace are measurably increased. It is evident also that the whole ripe olive industry should be subjected to investigation and supervision. Steps in this direction have already been taken, as is also noted in our news columns. Thus far green olives do not seem to have been implicated in the causation of botulism.

The second point about which concern may well be felt is the seeming willingness of unscrupulous dealers to sell olives and perhaps other foodstuffs that have been condemned. We are informed that the olives causing death in Memphis were obtained from a store of which the principal business is buying and selling salvaged merchandise. In this case olives found in a dish on the table at the house where they were served had a very objectionable and pronounced foul odor. In the New York outbreak, a distributing company in New York City refused to put the olives on the market under their label, but the jars were resold by the California olive company that packed them and were shifted about from place to place for some months, many being rejected during their circulation because they were obviously spoiled and unfit for sale. From the information available it does not seem clear that the olives that were eaten in New York had a definitely spoiled odor. The

A Germ Killer

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The base of Lifebuoy Soap is of the purest, being made from edible oils. It is far and away the best soap for use in connection with anything in the sick room. It cannot harm the most delicate skin. It will cleanse anything that soap can purify.

All grocers and stores sell Lifebuoy

Lever Brothers Limited, Toronto

13

only evidence from those eating the olives came from one victim shortly before death, who stated that he noticed nothing wrong about the odor or taste, and from one nine-year old child, who also noticed nothing disagreeable in taste or odor. Although a half bottle of ripe olives, probably the one that contained the toxin, was found in the home of the victims, no statement is made about the physical condition of these olives.—*Journal of the American Medical Association.*

A Perplexing Case

A baby, born of British parents on the high seas, in a Norwegian ship, arrived in London. The father spent a busy but fruitless day trying to have the baby duly registered. He first tried the Register Office at Stepney, where he understood all babies born on the high seas could be registered. He was referred to Somerset House where an official suggested the Norwegian Consulate, which, however, he found closed. The baby, being born in a Norwegian ship, becomes a Norwegian subject. Another serious difficulty arose, however, when it was discovered that there was no doctor's birth certificate. There was no doctor on board and the skipper acted as doctor, midwife, and nurse. The authorities feel satisfied that this child was born, even although there has been no doctor's certificate. Now the questions asked are: Who owns this child? What is its status?

Psychology of Insanity

Delgado remarks that experience has shown the important part played by moral factors in the development of mental derangement; in fact he deems this the principal factor. The new psychiatry, he declares, is based on psychology, while the text-books and medical schools lead the student only a few steps into the vast field of psychologic processes. Psychanalysis reveals that mental derangement may be caused by factors of a moral order, moral conflicts, and that the hallucinations, gestures and attitudes of the insane are all important clues for the psychologist, revelations of profound and vital significance for treatment. Of course every psychic process has its molecular concomitant, but Delgado reiterates anew "the priority of the function—the conception which is rejuvenating medicine in

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all its branches now." "Modern endocrinology is also demonstrating the connection between the psychologic activity and the somatic activity, and the influence of one on the other. Psychanalysis has further shown the importance of organic inferiorities as factors in the psychogenesis of neuroses and psychoses, and in the physiologic estimation of the processes resulting from 'undrained' emotions."—*Journal of the American Association.*

The "Crime of Vaccination"

A few weeks ago the lady propagandist who goes over the country giving a series of talks against vaccination, was in St. Joseph, Mo. At one of the meetings various speakers attacked vaccination as a "crime" and dilated on its fearsome effects on the minds of its victims. While pausing for breath one of the speakers, mistaking a physician in the audience for the city health officer, accused him of being afraid to say anything. The physician in question was Dr. W. L. Kenney, of St. Joseph, who immediately arose to the occasion. Here, according to the St. Joseph *Gazette*, is what happened:

"How many of us adults have submitted to this crime of vaccination?" he asked.

"Here, here," cries arose, and about fifty raised their hands. None were louder than the speaker who had just finished.

"How many of these have been 'crippled in the mind' by this vaccination?" Dr. Kenney then asked, smiling. In the hush that followed, the doctor said, "Thank you," and left the room.—*J. A. M. A.*

Speaking of Glands

Although the glands of internal secretion have been a source of interest to the medical profession for some time, it is only recently that the attention of the lay public has been called to these structures. During the recent illness of one of our noted statesmen, widespread discussion of one of these glands was common, even in polite society. The subject was considered from every possible point of view, and it is doubtful whether there is any well-informed person to-day who has not some

Prescription 1920

an improved

Compound Syrup of Hypophosphites

Nervous Diseases

Special tendency toward nutritive activity in nervous tissues under the administration of hypophosphites is commonly and probably rightly inferred from the two facts : first, that in nerve tissue, as in bone, compounds of phosphorus are normal constituents ; second, that many derangements of nerve function depending on mal-nutrition tend to abate under a regime of hypophosphite medication.

PRESCRIPTION 1920 contains, combined in an easily assimilable form, the hypophosphites of calcium, sodium, potassium, manganese and iron, with strychnine and quinine. This combination is a valuable tonic and restorative in neurasthenia or nervous debility, when the system is weakened by anxiety, overwork or excesses. It is a valuable tonic in neuralgia. It is frequently given, with good results, in herpes zoster. In the weakened condition following acute and chronic alcoholism and morphinomania, good effects may be obtained from its use. PRESCRIPTION 1920 will support the system when exposed to severe and prolonged mental and physical strain. In cerebral atony and mental enfeeblement, the above combination will yield good results. Insomnia, when due to mental anæmia and mal-nutrition, has often been removed by phosphorus in the form of hypophosphites.

SPECIAL NOTE

Prescription 1920

is supplied in the form of a syrup and is also put up without sugar for use in cases where sugar is contra-indicated as in diabetes.

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vague idea of the functions of this particular structure. Later, sensational newspapers made much of the discovery—if it should be called such—of the Frenchman Voronoff, that the interstitial cells of the testes might be used to stimulate growth, and as the newspapers would have it, perpetuate youth. Little has appeared in scientific literature concerning this point. However, Macht has just reported that feeding of prostate gland tissue to tadpoles resulted in stimulation of the metabolism, hastening metamorphosis, with the further result that the size of the tadpoles was not diminished, but in many cases actually increased. This effect was produced by feeding the desiccated prostate of the ram, the bull and also that of human origin. It has been known for some time that feeding of thyroid tissue also hastens metamorphosis. In the case of the thyroid, however, there is a shrinkage or dwarfing in the size of the tadpoles as contrasted with the observation that prostate feeding produces increased size and more rapid growth. Controlled experiments made with other desiccated glands fail to produce a similar effect. We are thus beginning to gain an inkling of knowledge regarding certain growth-producing factors of the human organism. One may yet see "gland fathers" and "gland mothers."—*Journal of the American Medical Association.*

Bronchial Spirochaetosis

As long ago as 1905, Castellani, the student of tropical diseases, described the occurrence in the island of Ceylón of a form of bronchial infection caused by spirochætes. Since that time other observers have seen cases of bronchial spirochætosis in various parts of the world, but chiefly in the tropics. The American observers Jackson and Waters recognized the disease in the Philippines in 1908. The experiences of the recent war led to the observation that the disease was not confined to tropical countries. During the war cases were observed in considerable number along the Adriatic coast, in Serbia, in Switzerland and in France. Recently Farah described a number of cases of the disease in Egypt. The condition is one that is usually confused with tuberculosis. It generally runs a chronic course, although it may occur in the acute form. Patients usually complain of a chronic cough which is worst on arising and toward night, and is accompanied by an expectoration that is frequently bloody. In the common form of the disease, the

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chronic type, the patient is usually afebrile, and no pronounced effect on the general health results. The recognition of the disease depends on the finding in the sputum of the characteristic spirochæte, which was named by Castellani *Spirochæta bronchialis*. The organism stains readily with the ordinary basic aniline dyes, but does not take Gram's stain. It generally occurs in the sputum in large numbers. Attention is called to the subject at the present time because of the return of large numbers of our citizens from service in France and other European seats of war where the disease might possibly have been contracted.—*Journal of the American Medical Association.*

Pupillary Changes in Syphilis

Stress has been placed for many years on the importance of pupillary changes in the detection of latent syphilis and of certain diseases of syphilitic origin, such as locomotor ataxia and general paresis. These pupillary changes have usually been described as symptomatic of the late stages of the disease. Recently Nicolau has called attention to the fact that pupillary changes are common in the early stages of syphilis. Thus, inequality of the pupils particularly may occur even before the appearance of the skin manifestations of secondary syphilis. Nicolau associates it with the early changes in the central nervous system which are evidenced by changes in the cerebrospinal fluid obtained by lumbar puncture. He recognizes the well-known fact that pupillary inequalities are not infrequent in normal persons, and states that approximately three or four per cent. of normal persons show such changes. He maintains, however, that syphilitic persons show pupillary inequalities in the early stages of the disease in a much higher percentage of cases. At least ten per cent. of early syphilities were found to have marked pupillary inequality, and seventy per cent. showed slight pupillary inequality. While the value of these observations is somewhat impaired by the comparative frequency of pupillary inequality in normal persons, they are not without interest, and the sign will doubtless be of some value in conjunction with other signs. In doubtful cases of any disease the diagnosis is usually reached by combining many symptoms and signs which in themselves may be trifling.—*Journal of the American Medical Association.*

The Canadian Practitioner and Review

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Original Communications

TRIBUTES TO OSLER

To us who knew Osler in his student days it seemed quite proper, and not at all remarkable that he should climb the ladder of fame on this continent very rapidly. His call to Oxford, however, was a genuine surprise to many. It may be that with all our knowledge of Osler's personality, and with all the information we had received regarding the grand old university, we did not really understand either Osler or Oxford, and our misunderstandings prevented us from having any conception that they would fit each other so accurately and so magnificently.

After Osler went overseas we soon learned that his success at Oxford was at least equal, if not superior, to anything else in his wonderful career. But, for many of us, there was another surprise to come. That was his election to the Presidency of the British Classical Association. Regarding that great society we get much interesting information from Dr. Harvey Cushing, in his Memorial Introduction to the American edition of Osler's great address on "The Old Humanities and the New Science."

The British Classical Association is composed of a large body of university men with local branches in several places in Great Britain and her colonies. It was established in 1904 with these objects:

(*a*) To impress upon public opinion the claim of classical studies to an eminent place in the national scheme of education.

(*b*) To improve the practice of classical teaching by free discussion of its scope and methods.

(*c*) To encourage investigation and call attention to new discoveries.

(*d*) To create opportunities for friendly intercourse and co-operation among all lovers of classical learning in this country.

Cushing tells us that it is no matter for surprise that Osler was chosen to preside over such an assembly. . . . Although he was a student of human affairs and human nature, rather than of Latin and of Greek, he was, at the same time, a wide reader with a "relish for knowledge." He was also successful in his ability to hand his literary gleanings on to others in a new and attractive form.

Nevertheless, the Presidency of the Classical Association, considering the avowed objects of this body, was a most significant honor in view of his reputation primarily as a scientist and a teacher of medicine.

His immediate predecessor, the Professor of Greek at Christ Church, opened his address of the year before with these words:

It is the general custom of this association to choose as its president alternately a classical scholar and a man of wide eminence outside the classics. Next year you are to have a man of science, a great physician, who is also famous in the world of learning and literature. Last year you had a statesman (Viscount Bryce) who, though a statesman, is also a great scholar and man of letters.

Professor Murray, in nominating his successor in 1918, spoke of him as a man who is not only one of the most eminent physicians in the world, but represents in a peculiar way the learned physician, and stands for a type of culture which the Classical Association does not wish to see die out of the world.

In seconding this proposal, Sir Frederic Kenyon said that it had come at a very appropriate time because during the last year their main activity had been directed towards getting representatives of natural science and of the humanities to work together, as these subjects should never be in conflict with one another, but should be merely in friendly competition, as both are equally essential for a liberal education. He went on to say that it was a continuation of that policy that they should ask Sir William Osler to become their president; that he was eminent as a man of science, was president of the Bibliographi-

cal Society and represented scholarship in Medicine in its best form.

The meeting of the association for 1919 was held in Oxford, the bed-rock of classical learning, where Osler delivered his memorable address.

Dr. Cushing received some interesting letters regarding this address, from two of which we shall extract certain portions. Sir Frederic Kenyon says in part: The delivery of this address was a very memorable occasion. The address was full of learning, of humor, of feeling, of eloquence, and it contained suggestions of real weight with regard to the inter-connection of science and the humanities, but it gained much in delivery from the personality of the speaker. No one could hear it without being impressed by his width of outlook, by his easy mastery of great tracts of literature and learning by his all-embracing humanity in the widest sense of the term.

Professor Welch, of Baltimore, wrote in part as follows:

Most fortunately for me my last visit to the Oslers' in Oxford happened to be on Friday, May 16, 1919, when Osler delivered his Presidential Address before the Classical Association. The occasion and the whole setting were to me most interesting and impressive. At noon the audience of distinguished scholars and guests assembled in the "Divinity Room," the most beautiful assembly room in Oxford. At one end of the hall the Vice-Chancellor of the University presided, and half way down one of the sides was the high seat of the orator. The distinguished company, the brightly colored academic gowns and hoods, the traditional ceremonies for such an occasion in Oxford, the figure of Osler himself, the charm and interest of the address and its cordial appreciation and reception by the audience—all combined to make a scene of brilliancy and delight which I shall always carry in my memory.

On July 12, 1919, less than two months after the address was delivered, he attained his 70th year, and was presented with two volumes containing sixty-seven original "Contributions to Medical and Biological Research" written in his honor.

It is interesting to note that at this presentation function the chairman was his brother Regius Professor of Cambridge, Sir Clifford Allbutt. In a former issue we published the chairman's remarks on that occasion.

These volumes have recently come to Canada, and we find

therein a very interesting introductory letter written by Sir Clifford Allbutt, from which we extract the following:

My Dear Colleague:

There are for each of us memorable days of sympathy in joy and in sorrow. One day of sympathy in joy was that in summer of 1904, when some of us were gathered round the hospitable hearth of Sir John and Lady Burden-Sanderson, and, as suddenly, I believe to you as to the others of us, like a flash of light, the thought was born, how one scarcely knew, that you might surrender your great functions at Baltimore to enter upon a new life at Oxford.

Ever in the heart of the folk of the new world lies warm and deep the kinship of the old home; thus, almost with the rapidity of thought, between Canada, the United States and Great Britain, an academic link, three-fold, was forged. In no person as well as in your own could the unity have been so happily consummated: you arrived indeed from overseas, but as a pilgrim child of Oxford. In you the literary and historical tradition of the beautiful city was united with the zeal and adventure of the New World; so that, in winning you for Oxford and for Cambridge, and for Great Britain, we did no robbery to Baltimore and Montreal. Since that day we have shared in our degrees your happiness and your sadness, and on this day I, your brother Regius Professor, am permitted to offer you, from both worlds, as a tribute of admiration and affection, our little horn, if not of plenty, yet the best of our gardens.

Your "radical humours contain more than sufficient Oyl for seventy years"; oyl enough to keep your lamp trimmed and bright till the old world, now tardily procreant, be brought again to the birth. Meanwhile in good days or evil you can thankfully say, after our great Example, "My father works hitherto and I work."

Affectionately yours,

(Signed) Clifford Allbutt.

It may be mentioned incidentally, as we have already stated in previous issues, that Sir Clifford Allbutt was eight-three last July, and is still the active Regius Professor of Physic in Cambridge to which position he was appointed twenty-eight years ago.

Adam H. Wright.

"TOOTH INFECTIONS IN PREGNANCY"*

MALCOLM H. V. CAMERON, M.D.

The title of this paper "Tooth Infections in Pregnancy" as given in the printed programme of this meeting, is more comprehensive than the amount of material from which the paper is made will justify. The work of Price of Cleveland has established the importance of the role played by dental infections in a great many clinical conditions; I can find very little reference to pregnancy among these. Ballantyne in a recent article in the *British Medical Journal* gives his findings in an out-patient clinic. There was not among one hundred pregnant women, a single case in which the teeth were free from infection excepting one or two with artificial dentures.

In this country such a state of affairs could hardly be possible. Our dental clinics provide the means and our Oral Prophylactic Society provides the incentive by which our standard of mouth-health and mouth comfort is perhaps as high as can be found anywhere among the people who cannot afford regular treatment by dental surgeons. The habit of having regular and frequent inspections of the teeth is remarkably common among all classes of society in our country, excepting the very poor, and these escape with difficulty the school nurse, the district nurse and the dispensary physician who see to it that the dental clinics are well supplied with patients. As a consequence our obstetrical patients may be supposed to have reasonably well-cared for teeth when their pregnancies begin. It is an observation as old as medical science that dental caries commonly accompanies pregnancy. The usual explanation that the growth of the fœtus results in a decalcification of the blood and that the wear and tear of dental and osseous tissue is replaced by tissue poor in calcium, is possibly as accurate as any that will be offered. The teeth soften and caries supervenes. The difficulty of repairing teeth in the face of a progressing decay led to the tradition that it was futile to attempt to arrest the process while the exciting cause was present. From this grew the tradition that only harm could follow interference with tooth infections in the pregnant state, a tradition well founded upon the danger of extracting infected teeth before localized abscesses were established. And so it has come about that even the

* Read at a meeting Academy of Medicine.

youngest of us has had his patient ask whether or not it would be possible to have a diseased tooth treated, or must she endure the distress until she should be delivered. To these enquiries we have all replied that the shock of extraction was by no means so serious an affair as would be the effect of a suppurative inflammation about the tooth concerned.

As a warning to those of us who are not sufficiently sceptical of tradition, and as an encouragement to those of us who are alert to see the tragic possibilities of neglected trifles, I beg to present the following case:

Mrs. F. H. consulted me in her second pregnancy in November, 1918. She had a cystocele and a rectocele and a lacerated cervix, but nothing untoward occurred until her delivery on April 22nd, 1919. The fœtus presented vertex, L. O. P. and when dilatation was well advanced rotation to L. O. A. was performed. Delivery was accomplished without forceps and without fresh laceration. On April 28th, the patient complained of pain in a right upper bicuspid, the crown of which had been broken off in an attempt at extraction some years before. The irritation caused her to pick the tooth, and the orange stick from her manicure instruments was used.

On April 30th, she felt perfectly well and her chart showed nothing abnormal, so she was allowed to go home in an ambulance to complete her lying-in period. During the night she developed a fever and when visited the following morning was found with a swollen face and a temperature of 104 degrees F.

On May 3rd, an abscess was opened by Dr. Rutherford, drainage was not satisfactory so extraction was done May 9th, although it necessitated the removal of the adjoining molar.

On May 11th, Dr. B. P. Watson examined the patient, but could find no pelvic condition to account for the septic temperature which had been continual since May 1st, ranging as high as 105 degrees F. in the evening. Dr. R. W. Mann was asked to make a blood culture and reported a positive streptococcal growth.

The case progressed from bad to worse despite intravenous and subcutaneous doses of anti-streptococcic serum and stimulative and eliminative treatment.

On May 20th, the patient died.

The conclusions to be deduced from this tragic case are very obvious. Prophylaxis during the gestation period is but another

duty laid on the obstetrician.* Dr. Jennie Drennan has written upon the deprivation of calcium salts consequent upon the demands of the fœtus. Hard enamel protects the dentine, but a decalcified enamel does not. The frequent anorexia and erratic appetite of pregnancy make it difficult to maintain the best diet, but so far as possible milk and other foods rich in calcium should be given or, if necessary, calcium salts directly administered. Should sepsis supervene in spite of care every resource of dental surgery should be called upon to bring the process to an end before the patient is delivered.

11 Prince Arthur Ave.,
Toronto, Canada.

* N. Y. Medical Journal, 1908.

Editorials

SIR ARTHUR CURRIE AND McGILL UNIVERSITY

The announcement that the position of Principal of McGill had been offered to Sir Arthur Currie caused some surprise, but we believe his selection has been generally approved. The fact that he is a returned soldier should not in itself count for much, but it gives us unalloyed pleasure to know that Canada's greatest soldier has been so highly honored.

He is not a graduate of any University, but he received a good education and taught for some years in our common and high schools. He can talk and write in a scholarly style. He possesses great executive ability, has a good knowledge of business, and will probably be an excellent administrator. As Principal of this great University he will be its academic head, and its chief administrative officer. Those who know him best feel certain he will "make good," and we believe they are right.

As announced in our last issue, Dr. Wm. Mayo, of Rochester, and Dr. Franklin Martin, of Chicago, recently paid a visit to some of the countries in South America on behalf of the American College of Surgeons to investigate the methods of the surgeons of those countries.

Since their return they have given us some brief reports of their experience. They visited some of the important surgical clinics of Peru, Chili, Argentine, and Uruguay, where they became acquainted with and observed the methods of many surgeons.

They found that the surgeons did admirable work, and that their hospitals and operating rooms were equal to the best in North America. They got the impression that these surgeons have the intuitive clarity of thought and facile mastery of technique which we associate, and rightly, with the French and Italian schools.

Their medical schools are splendid institutions with a seven-year course, and they are the equal in equipment and methods of theoretic teaching of any in the world. The hospitals are mostly associated with the medical schools, and their systems of keeping their records are better on the average than those adopted in the hospitals of the United States.

Dr. Mayo expressed the opinion that "a Pan-Americanism of science, a unity of spirit and ideals, will be more lasting than measures based on financial, commercial, or political considerations."

BRITISH LITERARY PHYSICIANS

We are told by the *New York Medical Journal* that of the English-speaking literary giants who happen to be medical men, two only are accorded foremost places.

They are Tobias Smollett, a Scotchman, and Oliver Goldsmith, an Irishman. Smollett studied medicine at Glasgow University, and at the age of eighteen went to London, taking with him the manuscript of a play for which he failed to find a purchaser.

Then he embarked as surgeon's mate on a line-of-battle ship, and served about four years in the navy.

He returned to London in 1743, but for a time appears to have been a failure. His first success came in 1745, when he brought out "Roderick Random." Afterward he wrote in succession "Peregrine Pickle," "Adventures of Ferdinand Count Fathom," "History of England," "Adventures of an Atom," etc. He soon attained a great reputation, and was assigned by Sir Walter Scott and others a high rank in literature.

Oliver Goldsmith was as typically Irish as Smollett was Scotch, and, although from a worldly standpoint, he was unsuccessful for many years, he was perhaps the most beloved member of that brilliant coterie of choice spirits, including Samuel Johnson, Sir Joshua Reynolds, Garrick, and Burke. He attempted to practise as a physician more than once, but with little success. He is probably best known as the author of the "Vicar of Wakefield" and "She Stoops to Conquer."

BROWN BREAD AND BUTTER

We heard much for a time about the value of calories in estimating the value of foods, but a reaction has come, and we are told not to rely too much on calories. For a few years they have been telling us much about the value of vitamines, which are said to be essential to the preservation of health and to the maintenance of growth. Nobody seems to know exactly what they are, but we are told they exist in certain foods; fats, for instance, are valuable in proportion to their vitamine content.

For a long time brown bread has been more or

less popular as an article of diet. Formerly it was approved because it was supposed to have some laxative effect. Now it is approved because of its vitamine content, which is much higher than that found in white bread. As ordinary butter is rich in vitamines, it follows that brown bread and butter form an excellent food, because of the large proportion of nourishment contained in them.

OLEO-MARGARINE

An act concerning oleo-margarine was recently passed in the House of Commons at Ottawa. One of the objects of the bill is to prevent the substitution of oleo-margarine for butter. It was feared that certain parties wished to prevent entirely the sale of oleo-margarine. We have but little sympathy with any such effort, because we believe that people should be allowed clean, well manufactured oleo-margarine, but it should certainly not be sold as ordinary butter. We understand that in the new bill there is a regulation requiring the word "oleo" to be printed on each package of oleo-margarine.

From a professional point of view we desire to express another important fact, as stated emphatically by Professor Halliburton at a meeting of the British Medical Association. He said that butter was far superior to margarine because the latter was lacking in vitamines.

Since the above was written we have found that we did not understand the situation. We learn from *Saturday Night* of May 8th that the law prohibiting the manufacture, sale and importation of oleomar-

garine has not been actually repealed. It was simply suspended as a "war-time measure." Recently the Government extended the operation of the Order-in-Council regarding the suspension for one year. This, of course, leaves us in doubt as to what will be the action of the Government next year.

It now occurs to us that our remarks as to the vitamines may be misunderstood. Therefore we desire to give a definite statement from a medical standpoint. The former contention that oleomargarine is unsanitary is absolutely wrong. It is quite as wholesome and hygienic as butter. It happens that butter is one of the best forms of fat, but that does not justify the Government in preventing the sale of other forms of fat or foods of various kinds that are not so nutritious. We quite agree with the propriety of labelling the oleomargarine, but any attempt to prevent its sale is both foolish and unjust.

Personal

Dr. (General) John T. Fotheringham, has returned to Toronto to resume consultation practice in medicine, at 20 Wellesley Street.

News Items

The first Municipal Committee of the Canadian National Council for Combating Venereal Diseases was organized in Toronto on March 24th, with the following officers: Patron, His Worship, Mayor Church; Hon. President, Mr. Justice Hodgins; President, Dr. F. W. Marlow; Vice-Presidents, Mr. A. E. S. Smythe, Dr. C. J. O. Hastings, Mrs. L. A. Hamilton, Rev. L. Minehan and Mr. C. F. Paul; Hon. Treasurer, Dr. Albert H. Abbott; Secretary, Dr. H. C. Cruikshank; Members of the Executive, Mrs. Sidney Small, Mrs. A. D. Fisher, Dr. R. R. McClenahan, Dr. Gordon Bates, Miss F. E. Brown, Major Fred Smith and Miss Pearce.

Mr. Justice Riddell, the National President, presiding at the meeting of this the first Municipal Committee to be organized in Canada, called attention to the seriousness of the Venereal Disease problem, and asked the co-operation of all Toronto citizens in the work of the National Council in Toronto.

The formation of the Toronto Committee was co-incident with the showing of "The End of the Road," a remarkable film-drama which is being shown throughout Canada under the auspices of the Canadian National Council for combating Venereal Diseases. During five days' showing of this film in Toronto about 17,000 people attended meetings staged by the National Council at which the film was shown. National Council speakers appeared at each meeting and gave short addresses of an educational character, in the course of which the opportunity was taken of briefly outlining the general scheme in which the Dominion and Provinical Governments are combining to deal with the Venereal Disease problem in Canada. The first result of this propaganda work has been an increase in the number of venereally infected persons applying for treatment to both private physicians and clinics.

The National Council will first undertake to do general educational work of this type in order that people generally may become aware of the seriousness of Venereal Diseases as a public health problem, and in order to help render the Government treatment-schemes in various parts of the country effective. With this end in view it has been felt that as many persons as possible should become actual members of the organization. A two-dollar membership fee has, there-

fore been established, and local committees are being formed in many cities throughout the country. Members of these committees will be kept supplied with up-to-date literature on the subject, and will be expected to do their part locally in the fight against Venereal Diseases.

It should be understood that the work of the Canadian National Council for combating Venereal Diseases is not only propaganda. It is felt by the National Council Executive that as regards this particular problem their first duty is to inform the public as to existing conditions. This must have the effect of helping in the success of the various treatment-schemes being undertaken by Provincial Health Departments. The broader educational and social aspects of Venereal Diseases will be dealt with as the National Council is put on a better organized basis, and when a sufficient headquarters staff has been secured.

PSYCHIATRIC ASSOCIATION

At a meeting of physicians numbering over eighty, held in the Rockwood Hospital for Insane, Kingston, April 28th, an Ontario Neuro-Psychiatric Association was formed. Among those who addressed the meeting were Dr. E. Ryan, Principal Bruce Taylor, of Queen's University, and General A. E. Ross, who delivered addresses of welcome.

Dr. E. Ryan explained that the time was ripe for the formation of an association for the study of mental diseases. He said that, in addition to proper treatment and good nursing, special literature on the subject was necessary, and a two-year course of instruction was advisable. General Ross supported Dr. Ryan and said he quite agreed with him as to the necessity for the formation of such a society.

The association was formerly organized with the following officers: President, Dr. E. Ryan, Kingston; Vice-President, Dr. Harvey Clare, Toronto; Secretary, Dr. C. Crawford, Whitby; Executive Committee, Drs. W. M. English, Hamilton; G. E. Howland, Toronto; H. H. Beamer, Mimico; R. H. Armour and C. K. Clarke, Toronto.

The Saskatchewan Military Hospital, Moose Jaw, has been closed.

ALLEGED CRIMINAL OPERATION

The Halton Spring Assizes opened in Milton, March 30th. Much interest was taken in the trial of Dr. George Metherell, of Burlington, aged 84, charged with performing a criminal operation on March 28th, 1919 on Theresa Kew, of Brantford, who died on April 3rd, following. The verdict was not guilty.

The following is the text of Dr. Elder's resignation as Assistant Professor of Surgery at McGill Medical College:

"To the Board of Governors of McGill University, Gentlemen: I herewith tender my resignation as Assistant Professor of Surgery in the University. I do so because your Board has recently seen fit to appoint a man of German birth, parentage and preliminary training to the position of professor of pathology.

"It is with deep regret that I thus sever a long connection with the teaching staff of my alma mater, but I feel that never again can I associate with a colleague of German birth and parentage.

"Yours very truly,

"(Signed) J. M. Elder."

At the last annual meeting of the Harvey Medical Club, London, Ont., the following officers were elected: Honorary President, Dr. Clarence Crawford; President, Dr. Frances Hughes; Vice-President, Dr. John Ferguson; Secretary, Dr. James Crane; Treasurer, Dr. Uriah Bateson.

The following have been appointed a Board of Tuberculosis Sanatorium Consultants, by the director of military services of the Soldiers' Civil Re-establishment: Dr. Charles Parfitt, Gravenhurst; Dr. John Byers, Ste. Agathe des Monts, P.Q.; Dr. Wm. Hart, Qu'Appelle, Sask.; Dr. Arthur Miller, Kemptville, N.S.; Dr. David Steward, Ninette, Man.

We are told that a new building for the medical faculty of Alberta University, Calgary, to cost $750,000, will soon be erected.

Personal

Dr. Wm. G. Anglin, for many years one of Kingston's ablest practitioners, and a member of the surgical staff of Queen's Medical College, has been appointed surgeon of the Provincial Penitentiary at Portsmouth. He went overseas with Queen's University Hospital unit with the rank of Lieutenant-Colonel, and after serving for a time in Egypt and France, he was wounded and invalided home in 1916. After being in hospital in Kingston for some time, he made a fairly good recovery and up to the middle of April had charge of the Pensions Examining Board in Kingston.

Obituary

CHARLES O'REILLY, M.D.

For many years Dr. Charles O'Reilly, of Toronto, was one of the best known physicians in Canada. He was the son of one of Canada's most eminent physicians, Dr. Gerald O'Reilly, for a long time the most prominent physician in Hamilton.

Dr. Charles was born in Hamilton in 1846. He received his preliminary training in that city, and his medical training in McGill Medical College, Montreal.

He graduated M.D. from McGill University in 1867. Shortly after graduating he became resident physician of Hamilton City Hospital. He soon acquired a reputation there which was very widespread.

He was induced by the trustees of the Toronto General Hospital to come to Toronto, where he entered into his duties as General Superintendent of the hospital in 1875. He remained in charge of this institution for about thirty years. It may be said, without fear of contradiction now, that during those thirty years he was the best hospital administrator on this continent. He had the faculty of combining economy with efficiency, especially in the public wards, to an extent which has seldom been equalled in any other part of the world.

In private life he was extremely popular, and had a great host of warm friends and admirers. He was always bright and cheery, full of wit and humor, and was, in all respects, one of the most companionable men in this country.

He relinquished his work in the Toronto General Hospital in 1905. How great a loss this was to that institution was not quite realized for some time, but as years went on and troublous times arose in the hospital, people began to wish that Dr. O'Reilly could be recalled.

During the last six or seven years his health was not good, especially during the winter months. The cold season of 1919-1920, was no exception, although, he appeared to have less serious illnesses than he had during the previous year. Early in April he appeared to be fairly well. A bronchial attack supervened, however, and an attack of heart weakness came on somewhat suddenly in the third week of April. His symptoms steadily grew worse from day to day until the evening of May 3rd, when death came at eight o'clock. Among those who survive are his wife, one son, Dr. Brefney, practising in Toronto, and two brothers, Drs. Edward and Gerald, practising in Hamilton.

CHARLES ANTHONY JONES, M.D.

We have to announce with deep regret the death of Dr. C. A. Jones, which occurred at his home in Mount Forest on April 19th. He had been practising in that town for about twenty-five years with success far beyond the ordinary. He was generally recognized as a surgeon of superior skill, and was greatly beloved by all who came into contact with him, whether patients or otherwise. We are told that his funeral was an immense one, perhaps the largest ever known in that part of the country. He was fifty-five years of age.

JAMES ANDERSON, M.D.

Dr. J. Anderson, of Hamilton, who graduated from Toronto in 1880, contracted cancer of the throat and went to the Mayo Institute at Rochester for an operation. Although the operation was considered successful, complications developed and he died soon after it. He was sixty-one years of age.

JOHN C. MITCHELL, M.D.

We have to announce with deep regret the death of Dr. J. C. Mitchell which occurred May 2nd. After graduating in medicine he practised for many years in Enniskillen. While living in that village he took an active interest in public affairs, and at one election was the Liberal candidate. About ten years ago he gave up general practice and went into the asylum service. He was Superintendent of the Hospital for Insane in Brockville for about ten years, and during that time was recognized as one of the leading alienists of Ontario.

HERBERT WILLIAM WILSON, M.D.

Dr. H. W. Wilson died at his late residence, 508 West Marion Street, Toronto, April 24th. Before coming to Toronto, Dr. Wilson had practised for a number of years in Tamworth, Ont.

JAMES S. SPRAGUE, M.D.

Dr. J. S. Sprague, for many years a practising physician in Stirling, Ont., and for the last few years a resident of Belleville, died, in the latter city, April 23rd, aged 76.

He was born in Prince Edward County and graduated from Victoria University in 1869. He was a good practitioner, and, apart from his professional ability, a man with high ideals, and he may be briefly, but truthfully, described as a scholarly and courteous gentleman.

Book Review

The Diseases of Infants and Children. By J. P. Crozer Griffith, M.D., Ph.D. Professor of Pædiatrics in the University of Pennsylvania. Two octavo volumes totalling 1,542 pages with 436 illustrations, including 20 plates in colors. Philadelphia and London: W. B. Saunders Company, 1919. Cloth $16.00 net. Canadian Agents. The J. F. Hartz Co., Limited, Toronto.

In these two volumes the author has covered the whole field of modern Pædiatrics. The work is divided into two main divisions, in the first of which is discussed the development of the child in early life, the hygiene of infancy, infant feeding in all its aspects, and the general characteristics of disease in infancy and childhood. In the second division diseases as they affect the different systems are fully taken up. The work is replete with references to the newest literature and footnotes are given of the articles referred to, which make it a valuable guide for one who is carrying on investigations on some special subject. The illustrations are good and well chosen, while the twenty colored plates are excellent. In all it constitutes what is practically an encyclopedia on the subject, and as a guide to the practitioner, cannot be surpassed.

Selected Articles

BATHS IN DISEASES OF THE SKIN

By W. Knowsley Sibley, M.A., M.D., B.C.Camb.
Physician to St. John's Hospital for Diseases of the Skin.

The question of washing and baths is a very important one in the hygiene of the skin. In order to keep the skin, which is an excretory organ active and healthy, it is necessary to frequently remove by washing the various products of excretion known as the sweat, which rapidly accumulate on the surface. A normal skin is also perpetually throwing off dead epidermis in the form of fine scales, which, when mixed with the sweat and sebaceous material, soon form an unpleasant adventitious layer on the surface. Added to all of these there are various foreign bodies included in the term dirt, which also increase the deposits on the epidermis.

People who either from permanent habit or temporary circumstance do not wash themselves frequently, are much more liable to be attacked by certain parasitic diseases, and when attacked the disease is more likely to be severe and run a protracted course than in those who wash and cleanse themselves daily. Scabies, for instance, when it attacks a skin which is very frequently soaped and washed, has a much greater difficulty in becoming severe and widespread than on one which is left alone. The same remarks naturally apply to all parasitic forms of skin disease, both vegetable and animal.

Numerous baths are useful in the treatment of skin affections, from the simple hot-water bath, to the more complicated Turkish or Russian, to the various radiant heat or electrical baths. Many of the chronic forms of skin diseases being due to an abnormal action on the part of the excretory apparatus of the cuticle, anything which stimulates or increases the action of the skin is beneficial.

From a therapeutical point of view, baths may be divided into moist or water baths, and dry or hot air ones.

Ordinary hot water baths with plenty of medicated soap (benzoin, borax, camphor, carbolic, coal tar, Ichthyol, Lysol, menthol, mercury, naphthol, olive oil, oil of Cade, resorcin, salicylic acid, sulphur, terebene, are some of the principal pre-

parations used either singly or in various combinations) are very useful in most dry forms of skin disease, especially when there is a tendency to an accumulation of dead epidermis such as in psoriasis, xerodermia, ichthyosis, etc.

Baths may be much improved by the addition of bran—about a pint of bran in a canvas or muslin bag placed in a jug or basin, and a quart of boiling water poured on to it, and the liquid from this put into the hot water bath. This makes a very soft sedative bath which with the addition of two ounces of boracic powder adds to its efficiency.

Emollient baths may also be made of potato starch one to three lbs.; gelatin, half to an ounce and a half to a gallon, linseed, one lb.; marsh mallow, four lbs.; size, two to four lbs., to thirty gallons of hot water. An alkaline bath is very soothing for some irritable skins. Eight ounces of bicarbonate of soda added to thirty gallons of hot water at a temperature of 100° F., or two to six ounces of carbonate of potash. A borax bath is made by adding three ounces of borax to a bath of the same quantity and temperature.

An acid bath is made by adding an ounce of nitric or hydrochloric acid, or a mixture of both acids to thirty gallons of water in a porcelain bath. These are useful in chronic lichen and prurigo.

An iodine bath is made with half a dram of iodine, half an ounce of iodide of potassium with two ounces of glycerine, or with a dram of iodine with one to two ounces of liquor potassæ to thirty gallons of water.

In the same way baths may be made of mercury, tar and numerous disinfectants, such as Lysol, Cyllin, etc. A mercurial bath consists of one to three drams of hydrochloric acid, a dram of biniode of mercury with two ounces of chloride of sodium to thirty gallons of water.

A tar bath consists of a couple of ounces of liquor carbonis detergens, or liquid picis carbonis to thirty gallons of water.

The natural sulphur water baths of some of the well-known health resorts are often very beneficial in some of the chronic eczemas, urticarias, acne vulgaris and rosacea, furunculosis, seborrhœa, and naturally most of the parasitic diseases of the skin.

There are many varieties of the hot air and vapor baths. Radiant heat baths are dry hot air ones, and may be general or local, and these may be sub-divided into luminous and non-luminous. In the former the heat is best produced by the pass-

ing of an electric current through well-protected wires, and the latter by electric light lamps of various shapes, sizes and colors, according to the desired therapeutic effects.

There are also various vapor baths, the ordinary steam or Russian bath being the simplest. The Turkish bath is essentially a dry hot air one, and the moisture on the skin is produced by the sweating thus set up. To both of these systems various medicaments may be added, such as sulphur and calomel, the one for the treatment of scabies, and the other for syphilis. The sulphur is best added after the patient has been in a hot air or steam bath for a few minutes, and sweating has commenced. Sulphur is easily volatilized by heat, for calomel much more heat is required.

In nearly all chronic dermatoses, such as seborrhœic eczema, chronic dry eczema, psoriasis, lichen and chronic urticaria, a bath of some kind is most efficacious for the cure of the disease and for the relief of the symptoms.

Local radiant heat applications are very satisfactory for such conditions as pernio, erythema induratum (Bazin's disease), erythema nodosum, Raynaud's disease, sclerodermia, neuritis following herpes zoster, etc.—*Medical Press.*

PROPHYLACTIC QUININE IN MALARIA

F. Paoletti (*Il Policlinico, Sez.,* 1919) found from his experience in Albania that, in spite of the administration of 40 cg. of quinine hydrochloride daily, almost all the soldiers who had undergone this prophylactic treatment contracted malaria in the course of two months. On the other hand, no cases occurred among the officers who in addition to quinine prophylaxis lived in mosquito-proof dwellings and made use of mosquito nets. Paoletti does not refuse all value to quinine prophylaxis, and admits that it may be of use in malarial localities, where the anophelines are few and grave forms of malaria are rare. On the other hand, in places like Albania, where malignant forms are prevalent and anophelines are present in enormous quantities, mechanical prophylaxis is the only method of value.—*The British Medical Journal.*

Selections

INCIPIENT PERIODONTAL DISEASE AND POSSIBLE TOXAEMIC EFFECTS

By Ernest Sturridge, L.D.S.Eng., D.D.S.

The prevalence of pyorrhœa alveolaris at the present time has undoubtedly attracted the attention of medical practitioners who recognize the importance of the effects on the system from the toxins introduced from this visible source of supply, but it is not generally recognized that periodontal disease in its incipiency and the succeeding two or three stages which lead up to pyorrhœa (so called on account of the presence of pus) differs in no way from the chronic pus-yielding disease of the periodontal membrane and bone, except in severity, and is capable of inflicting toxins on the system.

The pathology of slight gingival inflammation, which causes bleeding when the gums are massaged by the tooth-brush, is precisely the same as the severer disease which involves deeper structures. The ætiology is frequently erroneously associated with various constitutional disorders, gouty diathesis, osseous lesion or intestinal auto-intoxication, and the initial pathological lesion which is responsible for the starting of periodontal disease is overlooked until the disease has been in progress for a considerable time. This pathological lesion is found in very earliest stages when the physiological structure and function of the component cells are injured by some irritant causes and stimulated to bioplastic activity, which is always hyperplastic. The irritants responsible for this are well known, the wonder is that their effects are not more generally recognized. They consist chiefly of salivary calculus, stagnant food debris, imperfect dental restorations, etc. The initial inflammation thus produced, further irritants are formed under the germ margin by the deposition of inorganic salts from the blood principally magnesium phosphate, calcium phosphate and calcium carbonate, which adhere firmly to the necks of the teeth below the gum level, furnishing further and constant irritant to the overlaying soft tissues. The effect of this subgingival calculus is a widening and deepening of the gingival space

or trough forming a receptacle for food debris and pathogenic micro-organisms.

The incipient stage of periodontal disease often causes no inconvenience to the patient, and the progress through further stages to the ultimate formation of pus may take many years; in the meanwhile the structure and contents of the gingival trough exhibit an area of inflamed tissue with a constant irritant in contact consisting of subgingival calculus, dead tissue cells, leucocytes, decomposing food and many varieties of organisms. Pathogenic organisms not only infect the surface of the abnormal tissue, but enter deep into the structure of the tissues surrounding and supporting the teeth, the alveolar bone being a cancellous transitory structure, is readily affected and a process of rarefying osteitis ensues which often advances in great disproportion to the amount of inflammation visible in the overlying tissues. Pathogenic organisms readily pass direct into the general circulation from this source. If the cellular system is able to produce sufficient antibodies to combat the supply of toxins, which it must be remembered is constant, no systematic derangement will take place, but, on the other hand, the supply of toxins is often capable of overcoming the body resistance. It is by no means necessary that pus should be visible or a state of readily detected oral sepsis present before organisms are capable of inflicting toxins on the system, which are often the only cause of such constitutional disorders as malaise, slight temperatures, rheumatism, neuritis, neuralgia, rheumatoid arthritis, etc. I have frequently seen cases of these which have resisted medical treatment for various periods without relief recover completely after the removal of irritants from the gingival trough and sterilization of the affected tissues by ionization.

Treatment of Goitre with Injections of Phenol, Tincture of Iodine and Glycerine

Joseph Eastman Sheehan and William H. Newcomb (*Journal American Medical Association,* January 10, 1920) studied the treatment of 80 cases of goitre with the injection of a mixture of equal parts of phenol, tincture of iodine and glycerine. It was noted that no untoward results followed the injection of the phenol preparation into the goitre, although in four of the ten cases subsequently operated on, some difficulty was encountered in separating adhesions between the anatomical and sur-

gical capsule, caused by a leakage of the fluid as the needle was withdrawn from the gland. It was determined that the injections were particularly efficacious in the ordinary parenchymatous goitres of young women, resulting in the cure of 76.4 per cent. of the fifty-five patients of this type treated. This preparation seems to have the effect of relieving the thyrotoxicosis, as in exophthalmic goitre, but unfortunately, the relief is only temporary. It also quiets the heart's action, improves the appetite, has a favorable effect on metabolism, stays emaciation and reduces the mental irritability. This treatment is especially advised as a preliminary in these cases when operative interference is deemed necessary. No beneficial results were noted in the cystic and colloid forms, and it is probable that harm and much respiratory discomfort may result by enlargement of the gland, if this form of treatment should be continued with any degree of persistency.—*New York Medical Journal.*

Malignant Myoma of the Uterus

Newton Evans (*Surg., Gyn., and Obstet.*, March, 1920) discusses the pathological characters of non-epithelial malignant tumors of the uterus. He agrees with most other observers in referring their origin to the muscular rather than to the connective tissue elements. The differentiation on histological grounds of simple and malignant conditions in suspicious fibroids is never easy, and the characters of the "fibroid undergoing sarcomatous degeneration" are rather nebulous. Newton Evans has examined seventy-two such tumors in a series of 4,000 operations for uterine fibromyomata in the Mayo clinic. He considers in detail the various characteristics on which stress has been laid by several authorities: (1) The increase in size of tumor cells as compared with normal muscle or benign muscle tumor cells; (2) shorter and plumper cells with nuclei more nearly oval than normal muscle or benign muscle tumor cells, rounded, and vesicular nuclei; (3) inequality in size and irregularity in shape and arrangement of the cells; (4) lack of differentiation of cells; (5) presence of very large cells, with hyperchromatic, single, or multiple nuclei (giant cells); (6) presence of mitotic figures, typical and atypical; (7) decrease or absence of stroma fibres between the cells; (8) thinness or absence of vessel walls. The only single constant microscopic evidence of definite malignancy is the

presence of large numbers of mitotic figures. The author has been accustomed to count the number of mitotic figures seen in 100 oil-immersion fields, and, taking into account the thickness of the sections, he records the number in a cubic millimetre of tissue. He found that the tumors fell into three definitely delimited groups on this basis, and the subsequent history showed that those in which the mitotic figure count was above 2,000 were malignant. Another point brought out is that the presence, even in considerable numbers, of large giant cells without mitotic figures is not a sign of malignancy. The presence of cells showing direct nuclear division is compatible with the benignity of a tumor.—*British Medical Journal.*

Influenza and Exanthems

Francioni (*Rif. Med.*, November 1st, 1919), from a study of the clinical manifestations of influenza, especially in its pandemic form, concludes that it should be grouped with the exanthemata. The extreme rapidity of its diffusion, its great contagiousness, especially in the early stages, make one think of diseases like smallpox and measles. Indeed, it presents certain points of resemblance with measles, spreading chiefly through mucous discharges, causing injection of the conjunctiva and nasal mucous membrane, often epistaxis and laryngitis. Both are prone to be complicated with respiratory affections, presenting fulminating, septic, hæmorrhagic types, and although there is no specific rash in influenza as in measles, Francioni points out that even in influenza the skin is often affected (apart from occasional rashes) by an initial flushing especially marked in the face, and giving a sunburnt appearance, followed later by a dark discoloration and even pigmentation, and subsequently by desquamation. Indeed, the author looks upon this early facial flushing as almost diagnostic. Although the rash of measles is pathognomonic, it is not an essential part of the disease. *Morbilli sine morbillis* has been known for many years. It is true the incubation period of measles is much longer than that of influenza, but, on the other hand, the incubation period of scarlet fever is very short. The question of immunity after an attack is a little more difficult, for attacks of the usual exanthems generally confer a permanent immunity, although recurrences are not unknown. How far one attack

of influenza confers immunity is disputed; the general opinion is rather against any such immunity, but the author quotes Bellis as saying that one attack of influenza confers a very long immunity.—*The British Medical Journal.*

Radium in Cancer of the Uterus

J. Heyman (*Svenska Lakaresalls. Forhandl.*, December 31st, 1919) discusses the results achieved in 1914 and 1915, as tested by an observation period of five years. Of the twenty-six cases of cancer of the cervix treated in 1914, seven survived the five year test; of these seven (26.9 per cent. of the total) five were inoperable in 1914, one was operable, and one was a borderland case. Of the forty cases treated in 1915, eleven (or 27.5 per cent.) could be considered cured five years later. The similarity of the results achieved in 1914 and 1915 suggests that the figures were comparatively accurate. A comparison of radium treatment with operative treatment, which implies a high operation mortality and is assumed not to effect a radical cure in more than twenty per cent., is distinctly unfavorable to the latter. Of the cases treated with radium, as high a proportion as 94 per cent. were inoperable. The results of radium treatment in the three clinically operable cases, the one technically operable case, and the five borderland cases showed a radical cure in 44.4 per cent. On the evidence of these figures it was claimed that treatment with radium properly carried out is at any rate equal to operative treatment.—*The British Medical Journal.*

Iodized Lime in Simple Goitre

In the treatment of the simple types of goitre Iodized Lime is fast becoming recognized as a valuable means of medication. Modern pathologists agree that the causative factors in thyroid disturbances of this character are certain toxins which escape from the digestive tract, and Iodized Lime is found to produce a corrective influence upon the digestion and to effect a reduction of the enlarged gland. The dose which yields the best results is one grain (in tablet form) three or four times daily. This treatment may be combined with the local application of the Iodolin Ointment, the latter to be employed once a day, preferably at bedtime.—*Therapeutic Gazette.*

Exophthalmic Goitre Combined with Myasthenia Gravis

Rennie (*Med. Journ. of Australia,*) records the sequel to a case previously reported by him in the *Review of Neurology and Psychiatry,* of a man, aged twenty-seven, who, in 1907, presented the combined picture of exophthalmic goitre with myasthenia gravis. He was not expected to live, but in May last he reappeared seemingly in good health. He stated that on leaving hospital in 1907 he went up country and continued to take the mixture of strychnine and belladonna. The symptoms gradually disappeared, and at the end of a year he was able to do light work, becoming gradually stronger until about three years ago when he had a severe attack of typhoid fever. He could not do strenuous work for many hours together without getting pains in his back muscles, but he never got the condition of exhaustion he had previously. He had gained flesh and strength, and the symptoms of exophthalmic goitre and of myasthenia gravis had disappeared, though the eyes were not quite normal, paresis of the external ocular muscles, giving rise to occasional diplopia, being still present. No other muscles in the body appeared to be affected, and the cardiac muscle had not been involved, for, although the pulse was soft and the blood pressure low, there were no symptoms of cardiac weakness in spite of the fact that he had recently passed through an attack of typhoid fever.—*British Medical Journal.*

Carcinoma of the Appendix

Bobbio of Turin (*Arch. Italiano di Chir.,* 1) makes a valuable contribution to the knowledge of carcinoma of the appendix. It is well known that this condition presents no definite clinical picture, and is therefore undiagnosable. The recorded cases are the result of fortuitous or routine microscopical examination of appendices removed at operation or autopsy. Bobbio's case is of this nature, for the specimen was found in the sac of a large inguinal hernia in a youth of twenty-one. Apart from a thickening at the tip, there was nothing remarkable about this appendix. Under the microscope, however, numerous nests of epithelial cells were found, invading the muscular coat and penetrating through to the serosa. The author had an opportunity of again examining the ileo-cæcal region of his patient

when operating for a recurrence of the hernia some months later. Bobbio is impressed with the age-incidence of these cases, the majority having been found well below the "cancer age," and also with the clinically benign nature of the condition. He disagrees with Milner (*Deut. Zeit. f. Chir.,* 1909, 100), who regards these tumors as having no importance, as being merely endothelial cells, produced by previous inflammation, masquerading as cancer cells, and producing a pseudo-picture of malignancy. Bobbio agrees that inflammation plays an important part in the production of the condition, but believes the cells to be definitely epithelial. He concludes that there exist small tumors of the appendix which are of relative benignancy, although the histological picture is that of true cancer. These tumors are, therefore, to be considered as small neoplasms of epithelial origin, latent, circumscribed, and mute. It would be a valuable piece of work if the after-history of these cases were traced and recorded.—*The British Medical Journal.*

Cocoa Butter

During that period of the war when butter and the animal fats commonly used in cooking were hard to come by, cocoa butter appeared in the shops, generally in the form of large hard, brittle slabs, of a white or slightly yellow color. Many people experimented with it, but it was not altogether a success. Some found it just tolerable, others disliked it, and some asserted that it gave them indigestion. Their opinion found some support from experiments made by Langworthy and Holmes in America. The coca nib contains about 50 per cent. of fat, but during the process of manufacture this is reduced in cocoa for drinking and in many chocolates for eating to about 30 per cent. Its melting point is about the same as butter, so that on that ground there was no reason why it should not replace butter. But there was some doubt as to whether it was utilized as completely in the body. The Food (War) Committee of the Royal Society therefore induced J. A. Gardner and F. W. Fox to carry out an investigation at the Physiological Laboratory of the University of London. The standard diet used for control was that employed by the subcommittee of the Royal Society in experiments on the digestibility of breads. This diet contained 50 grams of butter a day, and in the investigation it was replaced by the same quantity of cocoa butter. The subjects upon whom

quantitative experiments were made found cocoa butter palatable and suffered no appreciable change in weight; the excreta were normal in appearance, no apparent digestive trouble was noted, and their health was normal throughout the experiment. The average percentage utilization of fat on the cocoa butter diet was found to be rather lower than the average values on butter diets, but the difference was not great, and came within the limits of variation on butter diets. The utilization of cocoa butter must, from this point of view, be regarded as satisfactory. Four persons were induced to promise to take excessive quantities of cocoa butter (3 oz. or 4 oz. a day) with ordinary diet; three of the four became accustomed to it, but it gave the fourth indigestion. In a few of those who consumed large quantities a slight laxative action was observed. It had been alleged that cocoa butter was "a slow poison," but no evidence of any such action was obtained. The conclusion is that it could be used to supplement the fat need of the population with safety. This conclusion, it is added, is in agreement with general experience, since large quantities of cocoa fat must be consumed daily with impunity in the various chocolate preparations on the market, which may contain as much as 20 per cent. of fat.—*The British Medical Journal.*

Histological Changes in Squamous Cell Carcinoma of the Cervix of the Uterus after Radiation

Nicholas M. Alter (*Journal of Medical Research*) describes in this article (which is the first of a series dealing with the tissue changes in the different types of growth after radiation) the histological changes in carcinoma of the cervix observed after exposure to radium. A complete description of these changes is given, and among the conclusions Alter states that the so-called squamous cell carcinoma of the cervix is really a basal cell growth of three types, solid, adenoid and cystic. The first effect of radium is the destruction of the cells of the malignant parenchyma, with a corresponding increase in stroma. The greatest sensitiveness toward the radiation was displayed by the chromatin substance of the parenchyma cells, and the protoplasm of these cells showed marked, but not such obvious changes.—*New York Medical Journal.*

Vegetable Carbohydrates in the Diabetic Dietary

It has been pointed out by a number of writers on the diabetic dietary that with the necessary exclusion of virtually all fruits and many vegetables because of their content of prohibited carbohydrate, the ration of the patients becomes much restricted, monotonous and undesirably reduced in bulk. The diabetic craves the variety that is furnished by vegetable foods; so that the effort made to supplement his dietary with permissible additions will be fully justified. It is because of this that physicians much concerned with diabetics have begun to employ the so-called thrice-cooked or thrice-washed vegetables—products representing the residues, after repeated extraction, of such foods as carrots, cauliflower and cabbage, with water to remove the soluble carbohydrates.

It has been debated whether vegetables thus freed from sugars and possibly other soluble carbohydrates still contain compounds that might yield sugar in the metabolism. Cellulose and, in some cases, starch are undoubtedly present. Published analyses by no means afford an accurate index, as the figures are commonly obtained by "difference," that is, by calculation of the residue of constituents not otherwise accounted for. When compounds potentially sugar-forming in the organism are fed to dogs rendered severely diabetic with phlorizin—so-called "total phlorizin diabetes"—the study of the urine makes it possible to ascertain how much, if any, of the intake can be converted to sugar in the organism. From experiments of this type conducted at the Washington University School of Medicine at St. Louis, Olmsted has demonstrated that the usually employed green vegetables actually yield no more sugar in the body than the estimation of the starch and sugar preformed in them will account for. Thus, in the case of cabbage and cauliflower it does not exceed 5 and 3.4 per cent., respectively, while the same vegetables thrice cooked furnish no more than 0.5 and 0.8 per cent., respectively, of sugar. The dietitian may therefore continue the use and advocacy of this type of food when it is indicated, with the satisfaction of knowing that no unsuspected latent sources of sugar are being offered to the patient.

Only those who are obliged to deal practically with the needs of patients severely ill with diabetes can adequately appreciate the advantage of every innovation that may afford some culinary addition to their inevitably monotonous regimen. It is most unfortunate, therefore, that one should find a distin-

guished physiologist, in reviewing a study of thrice-cooked vegetables for diabetics, venturing to comment thus: "If all that is wanted is a pretense of food—a mere filling for the stomach—might one suggest some boiled filter-paper? This would mean a saving of the cook's time and of coals." Such uncalled for gibes bear the stamp of inexperience in the domain of dietotherapy.—*Journal Amer. Medical Association.*

Internal Remedies in Psoriasis

The vexatious subject of the treatment of psoriasis is discussed by the distinguished dermatologist, Sabouraud, in *La Presse Médicale* for January 21. The disease probably never undergoes spontaneous recovery, and it is generally regarded as incurable. Benign cases apparently yield to treatment, but this is often the result of an illusion, for the nature of these cases is to present periods of latency; they may improve under local treatment, but recurrence sooner or later apparently is inevitable. The results obtained are hardly worth the trouble taken. The author does not include diet under internal treatment; it is, of course, admitted that under certain severe regimen relapses may be warded off for prolonged intervals, but it has not been satisfactorily proven that regimen can really cure the disease. From another viewpoint there is no known factor which can aggravate the disease, for if there were it might give us a line on successful treatment.

When a psoriatic contracts syphilis it has been noted with surprise that the specific treatment will clear up the skin of syphilides, psoriasis, and all. This hint has been utilized, and some cases of psoriasis in non-syphilitics have cleared up under calomel injections while others have not. This fact seems to hold good for all anti-syphilitic remedies, and Danlos has reported some quite remarkable results from the use of cacodylate of sodium, but the more powerful arsenicals like salvarsan apparently hold out no real hope. The author notes that intercurrent typhoid fever has cleared up a psoriasis, with reappearance during convalescence, but he does not mention the apparent cures obtained by the injection of anti-typhoid vaccine. Bory believes that in colloidal sulphur he has found an antipsoriatic of merit, but Sabouraud believes the results to be inferior to those obtained by arsenicals. He does not mention the ordinary use of Fowler's solution or of arsenical mineral waters,

but the well-known sulphur springs have some repute in this direction. The X-rays applied to one extremity may clear up the spots, and recently Danyzs has applied an autogenous vaccine made from the patient's intestinal micro-organisms with alleged benefit. Sabouraud has studied the results of this treatment, but is not enthusiastic over the resource as a routine procedure, although he concedes that it may have power over the disease when used persistently for a long period.

In this country some quite remarkable results—only time will enable us to pronounce them cures—have been obtained by the injection of anti-typhoid vaccine and nonspecific proteins, especially those derived from vegetable seeds and grasses, the so-called proteals. Sabouraud appears not to have heard of this method, but it is well worth his study.—*Medical Record.*

Cancer Involving the Mouth

Dr. George Noble Kreider, of Springfield, Ill., read this paper. He held that the radiograms of the chest should be included in every case of preliminary examination of patients showing evidences of cancer in the mouth or breast. This had been his invariable procedure for the last two years. Many times such conditions would be found in the chest picture as would cause the surgeon to hesitate to operate. In several of his cases the patients had insisted on operations even though it was explained that there was little hope. Cancer involving the mouth had always seemed to him to be the most frightful form of malignant disease. When the disease attacked other parts of the body, the patient might have considerable periods of mental and physical relief. But in the mouth, and especially when the tongue was affected, there were few moments of the waking hours that were devoid of pain and mental distress. These cases, therefore, deserved particular study. Between April and October, 1919, four mouth cases came under his observation. The first man appeared May 19. The patient was still living, but his condition in August was reported very bad. The right upper maxilla was involved. The tongue was involved in the second man, who appeared April 9. He died June 29, surviving eighty days. The third man appeared June 17, and died December 10, surviving 168 days. The fourth man appeared August 6, and died September 21, surviving forty-five days. In civilized countries, the disease was

much more frequent in men than in women. The teeth were found diseased and irritated the growth in every case. The teeth should always be removed before any treatment was attempted. The men, without exception, had been large consumers of alcohol. They were also excessive users of tobacco. Some day the profession and people would wake up to the dangers of nicotine poisoning. It was not possible to operate on any of these patients because the disease was too far advanced.—*Medical Record.*

Anti-Vaccinationists in Poland

American Red Cross doctors in charge of the fight against cholera in Poland, when that disease made its appearance in Kowel last January, had a great deal of difficulty in persuading the people to submit to vaccination. Their reluctance amounted at first almost to actual rebellion, and many of them frankly preferred death.

The secret of this popular antagonism dates back a few years to a time under the Russian regime, when a similar cholera scare alarmed the community. At that time the Russian authorities, determining on vaccination, declared martial law and began forcibly to vaccinate the people. These harsh methods not only aroused popular anger, but were in many cases followed by tragic consequences due to improper sterilization. Many cases of serious infection, loss of limbs, and even of life, resulted. In the end the people rose and threw the Russian military doctor into the town well.

The Americans used different means. They started a local educational campaign, using printed posters, and got all the civil and military employes to volunteer to be inoculated. Plenty of vaccine had been brought from Red Cross headquarters at Bialystok, and very soon the popular mind was opened to the dangers of the epidemic and the townspeople began coming in, by twos and threes, and then in crowds.

As a result, the threatened epidemic lasted only three days, and only fifteen lives were lost.—*Detroit Medical Journal.*

Miscellaneous

Re-attachment of Fibroid

Dujarier and Khan (*Bull. et mem. de la Soc. Anat. de Paris*, January, 1920) record a case of a movable tumor in the pelvis of a woman of forty years, which caused pressure symptoms. At operation it proved to be a spherical fibroid of the size of two fists and was adherent to the sigmoid loop of colon by a pedicle. It had no attachment to the uterus or adnexa, though in all probability it was originally a pedunculated subserous uterine myoma, and having broken its connection became secondly adherent to the colon. Microscopically it was a myoma with advanced mucoid degeneration.—*The British Medical Journal.*

Congenital Absence of the Nails

Congenital anomalies of the nails are extremely rare. Their complete absence, anonychia, in particular, is of all the ungual malformations the least frequent. Complete and total anonychia of all the fingers or toes is very exceptional. This congenital defect, when it exists, may be the only one presented by the patient, but it is generally associated with other anomalies or defective conformation usually classified under the heading of stigmata of degeneration. This defect, therefore, is itself a physical stigma of degeneration. In some instances anonychia is a familiar malformation; it may be hereditary, or without being hereditary it may occur in several members of the same family. The pathogenesis of this congenital defect, like that of the majority of malformations, is obscure. All that can be said is that it is the result of an arrested development of the nails occurring at about the third or fourth month of gestation. In point of fact it is during the third month of intrauterine life that the primary matrix of the nail becomes constituted in the embryo and it does not become covered by the ungual limbus until a month later. This interpretation well fits the description of cases of anonychia which show that there invariably exists, in the place of the absent nail a normal ungual matrix, usually well developed and distinct in outline. It is likewise in accord with the results derived from pathological examination which show that the cells of the epidermic stratum lining the surface

of the ungual matrix have undergone an evolution toward ordinary epidermic keratinization and not toward the ungual type of keratinization. Now, this is a transformation which commences to show itself at the very beginning of the fourth month of intrauterine life. But given the actual state of the question, the cause of this arrest of development is absolutely unknown and the rather incomplete data which we possess on the antecedents of subjects presenting anonychia are not sufficient evidence to show that syphilitic or tuberculous infection or alcoholism was present in the parents.—*Medical Record.*

Sir William Osler as Bibliophile

Tributes to the personal characteristics of the late Sir William Osler, and, in particular, to his love of books, were paid at the 27th annual meeting of the Bibliographical Society, of which he was the president during the last seven years of his life.

Mr. Madan moved a resolution which recorded the society's gratitude for the conspicuous services rendered to it by its late president during his seven years' tenure of office, and its deep sense of the loss occasioned by his death alike to medicine, literature, and bibliography. He said that Sir William Osler had remarked, on the celebration of his 70th birthday, in July last, that the love of his life had been divided equally between books and men. Of his eminence in his profession, of his great powers of intellect, his organizing capacity, and his immeasurable friendliness and kindliness, a great deal had been said by the Press; but mention of his purely literary side had been singularly lacking. As the president of that society for more than double the period which had been allowed to any of his predecessors, he had carried on its life with a generosity and a contribution of his own energy of which one could not say too much. He was one of the mainstays of the Bodleian, and a constant friend to it; that library was his admiration and delight, and whenever there was an adequate opportunity of obtaining some treasure for it he gave help, not only from his purse but by writing to the Press and arousing interest. Three high principles in particular Sir William Osler set before himself: one was to carry out the golden rule by acting towards his patients and all men as he would they should do to him; another was to acquire equanimity alike in success and in failure; and

a third was to do the present day's work well, not caring too much about the future. Sir William had a wonderful way of appearing to place his time at the disposal of those to whom he came, and he accompanied that behaviour with looks and words of rare compassion to those who were in ill ease, of true encouragement to those who were striving with difficulties, and with most real sympathy to those who were in doubt or trouble. Surely such conduct was near akin to the Divine. His great powers were always associated with the truest kindness, and the whole of his life was given to the welfare and betterment of his fellows.—*The Medical Press.*

Avocado Fat

Among the fruits that enter into the dietary of man the avocado, or alligator pear, takes an almost unique place because of its richness in fat. A few fruits may furnish a noticeable quota of real nutrients in the form of starch and, particularly, sugars; thus an ordinary sized banana is rated at a food value of 100 calories or more. But for the most part the fruits that enter into the ordinary regimen, however palatable, wholesome and dietetically valuable they may be, can scarcely be rated as significant sources of energy. The part that they play in nutrition must be estimated from other standpoints. Accordingly, an edible fruit that may exhibit as much as 20 per cent. of fat in its make-up is worthy of special consideration. It may prove, for example, to become a valued adjuvant to the dietary of the diabetic, from which the carbohydrate content of many common fruits unfortunately excludes them. The possibilities of the avocado have been further promoted by recent investigations in California and Washington, both of which agree in assigning an excellent utilization to avocado fat, even when as much as 124 gm. (about 4½ ounces) a day were consumed. Heretofore the market price of this fruit has prohibited a very widespread use of what now appears to be a nutritious as well as palatable food. The avocado is indigenous to tropical and sub-tropical regions in the western hemisphere; but it is being cultivated to an increasing extent in Florida and California, and may ultimately become available at more reasonable prices in harmony with the history of some other tropical fruits. Dietotherapy will testify that the enrichment of the dietary with a really palatable

source of fat will not be unwelcomed in the management of certain nutritive disorders. Ordinary cream rarely exceeds the avocado in available fat content.—*The Journal of the American Medical Association.*

War's Effect on French Children

The effect of the war on the children of France is shown in a recent report submitted by the American Red Cross headquarters at Lille. The figures are furnished by the Municipal Bureau of Hygiene.

The city had a pre-war population of 200,000. The birth rate has shrunk from nearly 4,900 in 1913 to only 600 in the past year. The figures by year follow:

1913	4,885 births
1914	4,540 births
1915	2,155 births
1916	640 births
1917	600 births
1918	600 births

This indicates a total loss of 15,000 births during the war.

The death rates according to ages are not known, but since the armistice a survey has been made in all public and private schools with a view to obtaining appropriate food for all children whose development has been retarded, and to place all those who show signs of tuberculosis in the care of institutions and welfare organizations. Of 18,000 children in school at Lille at the time of the armistice, over 6,000 had to be sent to hospitals or convalescent centres.

This survey indicated that 60 per cent. of the school population showed signs of arrested development, while about 40 per cent. gave evidence of ganglionary or pulmonary tuberculosis. In one typical school, out of two hundred and ten examined, only one was in normal health.—*Detroit Medical Journal.*

When Coffee Is Contra-indicated—

Regardless of the fact that the moderate use of coffee generally appears unharmful to so many, every doctor recognizes that certain individuals do better without it.

To deny the coffee user his favorite cup is sometimes imposing a hardship; but an easy way around the difficulty is found in suggesting a trial of

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The advantages of Postum are many. Made instantly---a cup or more at a time---its strength may be varied to suit individual taste.

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P.—4

FACULTY OF MEDICINE

The following are results in the University of Toronto faculty of medicine examinations:

Fifth Examination.

Pass.

J. B. Anderson, H. G. Armstrong, Mrs. I. T. Ayer (medicine, surgery and clinical obstetrics and gynæcology), H. E. Baker, Miss K. M. Bartley (medicine, surgery and clin. obst. and gyn.), W. F. Beamish (medicine and clinical obst. and gyn.), G. L. Bell, N. J. Bicknell, M. J. Brown (medicine, clin. obst. and gyn. and clin. therap.), B. B. R. Burns (medicine, clin. med. and clin. obst. and gyn.), G. C. Cameron, E. B. Clouse, W. D. S. Cross, Miss A. A. Curtin (clin. med. and clin. obst. and gyn.), W. A. Dafoe, C. S. Dickson, W. B. Dickson, J. F. Docherty, G. H. Eagles, H. Ferguson, C. P. Fitzpatrick, W. F. Gillespie, N. F. W. Graham, O. G. Hague, R. C. Hall, H. W. Hendry, W. E. Henry, W. P. Hogarth, A. L. Huether (medicine and clin. obst. and gyn.), P. L. Irvine, G. S. Jeffrey, W. E. Johnston, G. R. Jones, G. A. Jordan, R. E. Joyce (medicine), Miss F. A. Kelly, J. D. Kinsman (medicine and clinical surgery), W. D. Lanspeary, H. Lipsitt, G. E. Lipsitt (medicine and clinical obst. and gyn.), H. S. Little, W. C. Little (surgery), F. P. Lloyd, F. A. Logan, H. A. Lowrie (clinical surgery), D. M. Masson, W. H. Miller, C. V. Mulligan (clinical medicine, surgery and clin. therap.), J. J. McClintock (medicine), Miss J. R. McClure, Mrs. F. S. McConney (medicine, clin. med. and clin. therap.), W. G. McCormack, J. E. McGillivray (clin. surgery), P. D. McIntosh, A. L. McKay, E. J. Nelson, J. E. Nunn, H. I. Palmer, R. E. Palmer (medicine and clinical medicine), P. E. Pickett, A. Podnos, W. G. Powell, Dew. S. Puffer, H. J. Quinn, J. S. Reid, F. Rittinger, F. C. Robbins, J. W. Rush, N. H. Russell, E. H. Shannon, W. L. Spratt (medicine), H. G. Stevenson (clin. otolaryng. and clin. therap.), A. E. Stewart, B. C. Sullivan (medicine, clin. med. and clin. surg.), G. T. Urquhart, L. E. Verity, W. P. Warner, E. G. Wheler, H. Willis, D. B. Wilson,

Quotations from Doctors: No. 3

"While on the subject of 'Depletion' perhaps a report of the following case may be of interest: Male, 66 years of age—diabetic—; retired at night in usual health—woke in morning with pain in region of elbow, arm enormously swollen, veins like whip-cords, edema—pitting on pressure. Diagnosis: probably thrombosis of basilic vein."

"I advised complete rest of arm and applied

Antiphlogistine
TRADE MARK

liberally, covering with cotton as usual."

"Patient reported next day that bandage and cotton, also bed clothing, were literally ***soaked with fluid,*** swelling greatly subsided. After five days of above treatment, swelling all gone, circulation normal—thrombus disintegrated."

S. E. G., M. D.
N. Y. CITY, N. Y.

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MONTREAL

D. G. Wilson (medicine, clin. med. and clin. obst. and gyn.), W. E. Woods (medicine, clin. med. and clin. obst. and gyn.), G. T. Zumstein.

Diploma of Public Health.

Pass.

M. R. Bow, D. A. McClenahan.

The Short and Catchy Proprietary Name

A laborer went to a Brooklyn physician for treatment and was given three prescriptions. One of the prescriptions, according to the *Food and Drug Bulletin* of the Department of Health, City of New York, called for "Laxol," the word being written on a piece of blank paper without directions. The drug clerk misread the prescription and dispensed an "original" bottle of "Lysol" which bore the usual poison label with skull and cross bones. The man drank the entire three ounces of Lysol and died half an hour later. The case is now in the hands of the District Attorney, the drug clerk being held under $10,000 bail. "Laxol," as our readers know, is castor oil sweetened with saccharin and flavored with peppermint. There is no excuse for prescribing the product. The official Aromatic Castor Oil (Ol. Ricin. Arom.) of the National Formulary would answer every purpose served by the proprietary preparation.—*Journal of American Medical Association.*

Women Confessors

That famous actress, Miss Genevieve Ward, has been expressing her views regarding women confessors, views which the psycho-analyst will read with no little interest.

"Women confessors! What a horrible idea! If they were instituted I can picture an empty stool, so far as women are concerned, before the confessional box. Women have too many sins, or rather weaknesses, that are unconfessible. Besides, *they are unconscious of most of them! It is very rarely that a woman knows herself or undertakes the trouble of self-analysis . . . from childhood to the grave most of us go about with an imaginative idea of our own character and personality.*

"I have known ugly women who thought themselves beauti-

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Borden's Malted Milk is a food-drink that is nutritious and palatable. It is made of rich, clean milk—sustaining cereals—and enough mineral salts for bodily nerve and tissue building.

These pure ingredients are processed under a low enough temperature which does not kill the malt ferments. The action of these ferments upon the casein of the milk converts the proteins into partial peptones. The most delicate stomach can easily digest and assimilate Borden's Malted Milk.

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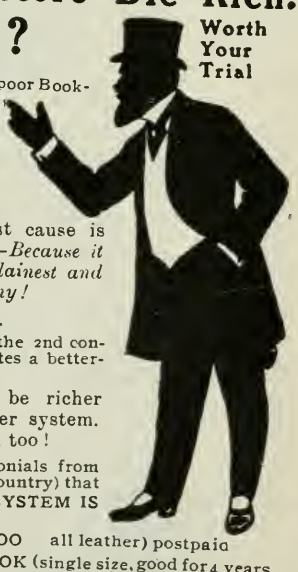

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The Medical Aspect of Prohibition in America

Medical opinion in the United States is strongly opposed to the prohibition law. By many practitioners the Act is held to be preposterous, and this opposition has led to the arrest of a medical man—Dr. Mulot, of Brooklyn, for administering more than a pint of whiskey to a patient in ten days—which contravenes the Act. According to the *New York World,* the authors of the statute which he has violated received their inspiration from political quacks. An American citizen is open to arrest should he be found to be carrying a bottle of wine, legally acquired, to a sick friend. The treatment of patients in need of alcohol must be regulated, not by their medical attendant, but by the Law of Prohibition. This subjection of a medical man's judgment to the law restricts him from doing the best for his patient, and therefore, the feeling against the Act in the profession is natural. When the trial takes place—if this has not already occurred—of Dr. Mulot, it is probable that, whatever the circumstances of the case, the law will be upheld. Prohibition is being rigidly enforced; no signs of relaxation of its provisions have so far become manifest, no hardships are regarded as extenuating its operations; prohibition is the law, and it remains supreme even if life is imperilled by its exaction. It is a matter to be wondered at whether the United States have provided an example to the world in the enforcement of temperance, or whether, out of prohibition, there will not be bred worse evils than the evil of alcoholism. The future only can show.—*Medical Press.*

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The Moral Influence of the Endocrine Glands

The recent advance in the knowledge of that wonderful organic symposium, comprised in our endocrine glands, raises the lurking suspicion whether the complete harmony in their function is not directly concerned with the determination of our moral nature. If we bear in mind the intimate correlation which exists between the various glands in question, and how necessary the harmony in their action is to our bodily well being, the inference is reasonable that a defaulting gland may cause us to become bad-tempered, captious, cynical, morose and prone to despise the amenities of life, essential to the co-ordinate communion with our fellow creatures. From this reasoning many instances suggest themselves in fulfilment of its application. The toxæmia associated with a faulty thyroid becomes the source of much irritability of temper. Patients the victims of hypothyroidism invariably complain of an irritability which they cannot restrain. There is the hyper-sexuality of some men, oftentimes also beyond control, possibly due to the predominating influence of the endocrine secretion of the testis. The excitability which distinguishes some persons is closely related to hyperthyroidism in its various grades, and failure in the function of the hypophysis probably determines the nervous temperament of many people, inclusive of those who display hysterical symptoms. We can suppose a man or a woman whose endocrine glands were harmoniously discharging their functions as Nature designed them to do being an angelic creature, in mind, character and morals.—*Medical Press.*

Vaccine Treatment

The subject of vaccine treatment of skin diseases is discussed in four articles in the *British Journal of Dermatology*. H. G. Adamson is disappointed with the results. He finds that he has not been able to watch the cure of a single case of sycosis, of pustular acne, or of other chronic staphylococcal infections of the skin by vaccines. In furunculosis, especially the more acute forms, better results have been obtained. In summing up his experience, he states that while strikingly good results do occur at times, there is no means of knowing in what doses the vaccine should be employed, nor why it fails in some instances, and succeeds in others. A. Whitfield finds that in certain diseases characterized by a short course, vaccine treatment

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may achieve brilliant results, when the ordinary remedies fail, and the process tends to become protracted. Impetigo is instanced as such a disease. In certain acute infections, which recur from time to time, vaccines may stop the relapses, provided that there is no constitutional defect, and no exposure to local irritation. He has failed to obtain a curative response to vaccine in chronic skin infections. On the other hand, he is inclined to hold the opinion that good may result from vaccine therapy, when there is an infection in some other part of the body, and when the skin lesions are not infective. He urges medical practitioners to remember that inoculation treatment does not absolve them from the duty of making a thorough investigation into the causes of skin lesions in every case. J. H. Sequeira and G. T. Western are more optimistic. They admit that vaccines must be useless when the lesion is inaccessible to the body fluids. Vaccines, they hold, are curative in deep-seated staphylococcic infections, especially furunculosis and carbuncle. Follicular infections, such as impetigo, and chronic infections like sycosis, are little influenced by vaccines. They recognize in the formation of fibrous tissue an effective barrier to the action of the vaccine. Benefit resulted from the use of vaccines in gonorrhœal keratodermia. The tuberculides should not be treated in this manner. Finally, they express disappointment with their results in *acne vulgaris*. J. M. H. Macleod and W. W. C. Topley have experienced satisfactory results from vaccine therapy in furunculosis. In the case of bullous impetigo they are disinclined to say more than that vaccines do not retard the cure. —*The Prescriber.*

Child Mortality and Rickets in Germany

Professor Engel, who is director of child welfare at Dortmund, Westphalia, in an article on "Rickets in Germany" (*Lancet*, January 24th, 1920), states that, despite adverse food conditions, for a long while no special effects of underfeeding were to be recognized in children. The average weight at birth of infants born during the first years of the war remained practically constant, in spite of the underfed conditions of their mothers; and it was only during the latest period that this average became reduced to a marked degree. The general health of infants was good and their death-rate low. "The number of births had fallen sharply, a circumstance which always reacts

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favorably on infant mortality." Also, on account of the shortage of cow's milk, breast feeding became more prevalent and was encouraged by a special grant from the State. The death-rate of the children between two and five, however, in 1915 was almost as high as the infant death-rate, and in 1918 exceeded it. In normal times, the death-rate of two to five year old children was less than half that of the infants. The incidence of rickets has greatly increased, and with it the mortality from lung disease. Engel thinks rickets account for the lung disease by deforming the thorax, and causing respiratory insufficiency, which diminishes the child's chances of resisting even a slight bronchitis. In many cases which had shown severe symptoms of air-hunger, autopsy showed that the lungs were flabby and ill-ventilated, but revealed no gross pulmonary disease.—*The Medical Press.*

Menstruation and Lactation

Far from being a rarity, menstruation in nursing women is a fairly frequent phenomenon. Out of a total of one hundred wet-nurses, about forty-five have their menses during lactation, and in the majority of them menstruation returns between the third and sixth month following delivery. Those having their menstruation are usually the ones that appear to be in robust health, and the few who enjoy only a mediocre health are in a decided minority. The nurslings of the latter are more subject to the usual affections of infancy. In a good nurse the menses are about as abundant, last about as long, and have the same regularity as before fecundation.

The composition of the milk of a menstruating nurse should be considered at two different epochs—during the intermenstrual period and during the menstruation. The intercalary milk is absolutely like the milk before the advent of the menstrual function. According to the results obtained from analyses conducted by Gillet, the menstrual milk, instead of being more serous as most observers maintain, is, on the contrary, of higher specific gravity and richer in nutritive principles; the quantity of butter increases, that of sugar diminishes; the decrease in salts is insignificant. The return of the menstruation in a good nurse produces no appreciable effect on the health of the infant, who continues to gain weight after

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the normal standard; at least this has been the experience of many observers. The loss of salts is so slight that it can exercise no influence in the production of infantile rickets. There is no relation of cause and effect between menstruation in the nurse and convulsions in the nursling. Out of a total of one hundred infants suckled by menstruating women, 17.9 per cent. were slightly indisposed during the menstrual period; but before this should be incriminated as the cause, pathological factors, such as dentition, must be eliminated. The milk being richer in nutritive principles during menstruation, the colic and diarrhœa may very likely be due to indigestion, especially in greedy infants and when the time of nursing is not regulated.

Given the fact that the return of the menstrual function appears to occur especially in the more robust nurses enjoying flourishing health, it may well be asked if it would not be preferable, in the interest of the infant, to choose a wet-nurse in whom the menstrual function has returned. Contrary to the general belief, the majority of nursing mothers who become pregnant should continue lactation, which will have no disastrous effect upon the nursling; but also it must not be forgotten that simultaneous pregnancy and lactation are for the mother two serious sources of fatigue; therefore the physician must use his judgment in advising weaning.—*Medical Record.*

Osler's Will

Sir William Osler left an estate of the gross value of $80,000 with a net personalty of $58,000. He left his medical and scientific library (as catalogued) to the McGill University, Montreal, and all other property to his wife. At her death or earlier, if she should wish it, his residence, 13 Norham Gardens, Oxford, is to be given to the dean, canons and governing body of Christ Church as the residence of the regius professor of medicine.

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Original Communications

THE NINETEENTH ANNUAL REPORT OF THE CANADIAN ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS

By Geo. D. Porter, M.B., Secretary.

It is encouraging to note that in this, our nineteenth annual meeting, we are again able to report progress.

Of special interest is the new Laval Hospital recently opened at St. Foye, Quebec. This splendid institution, now caring for about 100 patients, cost some $250,000. Of this amount $150,000 was raised by the Knights of Columbus. The province added $25,000, the municipality about the same, and the remainder was raised by private subscriptions.

Another example of private initiative, so noteworthy in the tuberculosis movement in Canada, is the Rotary Institute for Diseases of the Chest. This dispensary, just opened in Vancouver, is the result of a body of public-spirited citizens, the Rotary Club of that city. This makes seventeen dispensaries now in Canada.

Among the movements not yet completed, but of special interest, are the large provincial institutions already begun in Alberta, the one in Montreal for the establishment of a hospital for curable cases in that city. The special babies' ward at the I.O.D.E. Preventorium in Toronto, and the I.O.D.E. Preventorium at the Provincial Sanatorium in Saskatchewan.

The measures recently taken by the Department of Agriculture to provide against contaminated milk are most important.

During the year our Executive Council passed a resolution "strongly endorsing the suggestion for laboratory arrange-

ments, whereby serological tests for the tuberculous or suspect tuberculous patients, can be carried out at different University and Provincial Board of Health laboratories in Canada," and another expressing "Approval of the offer of the Connaught Laboratories, University of Toronto, to assist in this work." Since then this forward step in the extension of research on pulmonary diseases, and one which promises some aid in tuberculosis, has been initiated by the Department of Soldiers' Civil Re-establishment, with the assistance of the Research Department of the University of Toronto. They are beginning with the complement fixation and other modern laboratory tests on the cases, both military and civil, appearing at the General Chest Clinic of the Toronto General Hospital. Dr. Alfred Caulfeild is at present the physician in charge of this work.

The accommodation for the tuberculous in Canada is now over 3,500 beds, a great increase in the past ten years; about fifty per cent. of this increase, however, has been added during the past four years, as there were only 1,800 beds available at the beginning of the war. This has been largely due to the added accommodation for tuberculous soldiers, and the solution of the tuberculosis problem among civilians, let us hope, may be materially assisted by the work done for the soldiers.

As showing the importance of the tuberculosis problem in Canada, we might point out that the number of Canadian soldiers killed in action or dying from wounds during the war amounted to 50,869, and the losses in the Canadian army through disease, of which tuberculosis had its share, were 3,940, making a total of 54,919. We have had between forty and fifty thousand deaths from tuberculosis in Canada during the period of the war, a number approximating those of our soldiers killed in the war.

THE X-RAY IN THE DIAGNOSIS OF PULMONARY TUBERCULOSIS*

By Dr. H. M. Tovell.

There is probably no more amazing development in the ancient science than that which has occurred since the advent of the X-ray, with its application to medicine, and in particular when applied to the chest.

Instead of pathology being interpreted by means of cel-

*Discussion at Tuberculosis Congress, Ottawa, October, 1919.

lular change, we have another standard: namely, shadow change, and, according to the varying qualities and locations of the shadow, we interpret the findings in terms of pathology. Post-mortem and surgical pathology only give one phase of disease in a given case; rœntgenology, on the other hand, gives us a valuable and definite means of studying pathology from stage to stage. This is especially true in thoracic conditions.

The value of the X-ray examination in tuberculosis will depend very largely upon the rœntgenologist. Primarily, he must take pains to procure plates rich in detail: for without proper plates the finer changes cannot be studied, and as rœntgenology is merely another means of studying pathology, he must, as his ground-work, know his pathology, without a thorough knowledge of which he is hopelessly at sea, and in which case the clinician will more often be led astray than helped.

Dr. Hutchison: The demonstration of the X-ray as an aid in the diagnosis of tuberculosis is very interesting. It was pointed out by the speaker that there are a goodly number of cases where disease may be suspected, and yet with ordinary examination the physician was unable to satisfy himself of the extent to which the disease might have developed, and in those doubtful cases the X-ray has come to our aid in assisting us to detect the extent to which it exists. He has pointed out that small cavities can be detected by the X-ray which could only be suspected by other methods of examination, especially the deep-seated cavity which the character of sputum, auscultation and other ordinary methods of physical examination will not demonstrate. It is a great aid in the prognosis of pulmonary tuberculosis. If deep cavities have formed in the lung we cannot look forward to as complete recovery as in the incipient stage, when no cavity formation is found, and the evidence of the presence of the cavity is shown by the X-ray will count in the prognosis to some extent.

In view of the amount that has been written in the European, English, and also the American literature, upon the value of the screen examination, I should like to support what Dr. Tovell has said regarding the limitations of its use. It is always a useful check upon the clinical examination, and when the clinical examinations and screen agree there may be no need of taking stereoscopic plates, but when the lesion is relatively slight and there is doubt regarding the cause of the condition I feel strongly that the screen examination is a very unsafe

method to rely upon alone. Here the stereoscopic plates are an absolute necessity.

Dr. Hawes: It is most refreshing to see Dr. Tovell's conservatism in X-ray work. In the States such things are comparatively rare. In one prominent hospital in Boston it is openly advertised that anyone can go there and receive diagnosis by X-ray without a physician having anything to do with it, and again and again in my State physicians are sending patients to the X-ray men and receiving diagnosis and letting that vastly outweigh their own clinical examination.

Dr. Caulfeild: Mr. Chairman and Gentlemen, it is peculiarly pleasant to hear the rœntgenologist define his position and his specialty in terms that I think are agreed to by the clinician, that is, that he is a co-operative with the clinician, and not a diagnostician.

Dr. Byers: It has struck me as appalling to see microscopic lesions and yet concede that nothing was found clinically. Is it because the physicians do not know how, or that they have not the courage of their convictions?

Dr. Hutchison: It strikes me that the average practitioner is often in great doubt whether it is a case of incipient tuberculosis or not, and it is important to know at once, without delay, whether it is a case of tuberculosis. If the general practitioner had the opportunity of having an examination of this kind by the X-ray, how valuable it would be from the standpoint of the patient, because it is only generally in the early stages we can be of very great service in curing a tuberculous patient: and this morning at the executive meeting the question of finances was brought up, and how to increase them, and here is something we ought to make provision for, so that in every city and centre there should be something of this kind instituted so that these incipient cases could be examined and in that way get an earlier diagnosis than we possibly could have otherwise. Perhaps there are others who would like something further to say?

Dr. Tovell: In reply to Dr. Hawes, I would like to say that fortunately most of the cases have been in charge of good clinicians, men thoroughly competent to place a relative value upon the examination and the clinical picture. I personally feel that no patient should be sent to a sanatorium purely on the X-ray evidence. The clinician is in a position to sum up the whole case and should be the man to recommend subsequent treatment.

WHAT SHOULD BE TAUGHT TO-DAY ABOUT THE PREVENTION OF TUBERCULOSIS*

By Dr. W. J. Dobbie,
Physician-in-Chief Toronto Free Hospital and Queen Mary Hospital for Consumptive Children, Weston, Ont.

The more recent investigations as to the methods by which tuberculosis is transmitted from one person to another have demonstrated that certain newer measures are necessary for the prevention or eradication of this disease.

Heretofore the chief concern has been to educate, supervise and control adult cases of tuberculosis. It can now be demonstrated that these are in a measure the least important part of the problem. Infancy and childhood, previously practically neglected, constitute that part of the problem which should be to-day our greatest concern.

The subject will, therefore, be discussed as it relates: (1) To infants under three years of age; (2) to children over three years of age; and (3) to adults.

Infancy—Careful investigations lead us to believe:

1. That a child at birth is free from tuberculosis, even if one or both parents should be tuberculous, either at the time of its conception or at the time of its birth.

2. That the great majority of adults who have tuberculosis, did not contract it in adult life, but were infected at some time in early childhood.

3. That in children under three years of age the proportion infected is small, not because these infants are less susceptible, but because they are usually less exposed. At this age, however, infection more frequently results in disease, and disease in children under three years is more often fatal than in older children.

4. That in children over three years the proportion of those infected gradually increases until at fifteen years it reaches about 90 per cent. After three years of age the type of disease is less severe; the period of sickness is usually more prolonged, but deaths are less frequent, although the number of cases is greater.

These observed facts clearly teach us that the logical

*Presented at the Annual Meeting of the Canadian Association for the Prevention of Tuberculosis, 10th October, 1919.

method of attack on tuberculosis is to prevent disease, resulting from infection, in the young.

The infant, from the moment of birth until three years of age, must be protected from infection by the tubercle bacillus. In the home in which there is a tuberculous parent, drastic measures will be required. To compromise is but to invite disaster, with the assurance that the invitation will be accepted.

A Tuberculous Mother must not be allowed to come in contact with her child during this period. It is not sufficient to say that the mother must not nurse the child. If the mother is tuberculous the infant should be removed immediately after birth, and contact between mother and child should be prohibited during the first three years of life.

If the Father is Tuberculous, he should not live in the house so long as there is in the house an infant under three years of age. This point needs further emphasis. It does not make any difference how well trained the tuberculous person is, or how much care is exercised, he or she should not live in the same house with an infant.

So much for the infant in the home where there is tuberculosis. But what of the home in which there is no tuberculous person? The infant must be protected from the tubercle bacillus. The infant should be kept from contact with strangers. These strangers or friends may or may not be safe. Why take the risk? Nor must the danger from grandparents, uncles, aunts, nurses and domestics be forgotten. Any of these may be the source of infection, unless they are known to be absolutely healthy.

The healthy parents should be impressed with the fact that infants under three years of age contract tuberculosis very easily, that a single exposure is frequently in itself sufficient, and that, on the other hand, by taking reasonable and ordinary care, their children may be protected during this most susceptible period of life.

In Children Over Three Years of Age: After three years of age, when the child begins to run about, the problem becomes entirely different. Obviously, it is no longer possible to secure the same degree of isolation as in the years of infancy. Nor is it desirable that this should be done. Now the child must be carefully introduced to the tubercle bacillus so that he may prepare his defense against it. As the child must soon go out into the world, and there mingle with strangers of all kinds, it

is obvious that he will at some time meet with the tubercle bacilli and become infected. We know that this will occur because we have evidence to the effect that at fifteen years of age about ninety per cent. of children have been already infected. We know, too, that immunity is developed by repeated small doses, and that disease is produced by massive doses of infection. What we should aim to do then is to protect the child from massive infections such as might be had from tuberculous persons living in the house. These children are not likely to receive massive doses from strangers.

In Adults: In adults, the problem of preventing infection requires very little attention. The great majority of adults have already been infected before reaching adult life. What adults have to fear most is not further infection from without, but an extension of the infection which they already have, leading to the development of a group of symptoms which we are pleased to call the disease tuberculosis. All adults should of course avoid prolonged and intimate contact with the grossly careless tuberculous person; but there is little to be feared through ordinary contact. It has been said that "the careful consumptive is not a danger to anyone." This might be modified to read, "The consumptive is a grave menace to infants, less dangerous to children, and no danger at all to adults if reasonable care is exercised."

Tuberculosis in adults is either primary or secondary. If it results from a primary infection it runs an acute course and is almost invariably fatal. This is the type of disease seen in primitive peoples, who have not been exposed to infection during childhood. The usual form of disease, however, as we see it in adults, is of the secondary type. This, as a rule, results from infection in childhood, and is the type that produces the greatest portion of the tuberculosis problem. To avoid this type of disease the adult should be taught to build up his defences against the germs already in him. His resisting powers must be kept to a high degree of efficiency.

Were this view of the prophylaxis of tuberculosis generally appreciated there would be a considerable change in the usual programme of Anti-tuberculosis Societies and Boards of Health. At the present time a great deal of attention is being paid to the adult with tuberculosis, in institutions, in homes, and in places of business. Once an adult is labelled tuberculous he is at once shunned by many of his fellow adults, and in many

municipalities becomes a subject of much attention on the part of Health Boards and well-meaning social workers. Usually much of their effort is misdirected, and instead of making the adult consumptive safe for the community, he is made an unhappy subject of aversion to such a degree that he may be driven to adopt various methods of concealing the fact that he has the disease in order that he may be free from annoying and misdirected supervision. He thus becomes a greater menace than he was before. As Fishberg concisely says:

"It is therefore a vain effort to follow up tuberculous persons, push them from pillar to post, interfere with their employment, as has been done in many cases, with a view of preventing infection of fellow workmen;" or, as Baldwin says:

"Adults are very little endangered by close contact with open tuberculosis, and not at all in ordinary association. . . . . It is time for a reaction against the extreme ideas of infection now prevailing. There has been too much read into the popular literature of Health Boards and lectures that has no sound basis in facts, and it needs to be dropped out and revised."

The only method at present in use in Canada by which a person with tuberculosis can obtain assistance is by entering a hospital or sanatorium. This method is open to but a comparatively small number. Let us get the situation clearly in mind. In the Province of Ontario there are, perhaps, 25,000 consumptives. These are not all indigent. Some are self-maintaining, and some are only partially indigent. Suppose they are equally divided, about 8,000 in each class. What can we do for them? It is evident that they cannot all be sent to institutions, because there are not more than 2,500 beds for consumptives in the whole province. Fortunately, it is not thought best that all tuberculous persons should be cared for in institutions. It is not desirable that they should be. You may reasonably ask what cases should be sent to institutions.

There are three classes of cases which should go to institutions. (1) Those who have no homes. These are the people living in boarding-houses or rooming-houses. (2) Those who have homes, but homes in which the conditions are so bad, from a social point of view, that one could not expect to have any success in enforcing any standard method of care. (3) All those who are palpably in need of education and who cannot be educated at home. For the sake of economy, none of these should be sent to institutions in the haphazard way at present in vogue. A period of sanatorium treatment should be regarded as a

serious undertaking, entailing expense to either the individual or the community, and commensurate returns should be expected, and sought. To this end, those who should go to an institution at all should go for a definite period.

Utilized in this way, the 2,500 beds available in Ontario would produce better results for the community than are secured by the methods at present in vogue.

And what of the 22,000 who must be cared for at home? We have developed a highly specialized and technical method of examining cases of tuberculosis, and it would be just as simple to establish and to put into effect a standard method of treating cases of tuberculosis in the homes. The only real difficulty is that many have not the means. They need financial assistance, and it would be an economy to provide assistance, so that home life under proper conditions could be maintained, provided there are no young children in the home. This financial problem is not logically, as it has heretofore been regarded, a purely local one. The Federal and Provincial Governments are interested, and should unite with the local municipalities to provide a fund for this purpose.

Now the last problem is that of the incorrigible consumptive—the man (or the woman) who will not accept advice, who does not care whether he endangers the health, happiness or life of others or not, who will not live under sanitary restrictions at home, and who refuses to be amenable to the rules and regulations of an institution. There is only one way to deal with such. They must be made to obey. They should not be allowed to remain a menace to the children in their own homes or to those of the neighborhood.

To this end, education of the public is urgently required, and it would seem indeed to fall within the sphere of such an organization as this, in our present active period of reconstruction, to press for an active educational campaign along these lines, viz.:

1. The absolute protection of infants.

2. The careful protection of young children from disease while immunity is developed.

3. A more rational attitude toward, and treatment of, the adult consumptive.

4. The providing of maintenance assistance to needy consumptives, not only in institutions, but as well at home when prescribed living conditions are followed.

5. The detention of the incorrigibles, where they will be neither a danger to children nor an annoyance to their fellow adults.

Dr. Holbrook: I think the doctor has given us a wonderful explanation of what should be taught regarding the prevention of tuberculosis to-day. Now, I have been in association with the childhood problem in tuberculosis for twelve years. We have children cases coming to our dispensaries in large numbers, for it is a disease largely of child infection. Three years ago I gave my opinion on this in Quebec, and at that time the idea was criticized to some extent, and here to-day, Dr. Dobbie has gone a deal further than I did then, and I do not think there is a person who will disagree with what he says, and I think we will have to follow this up if we want to cope with the disease. We should put through resolutions—one that no infant should be allowed to remain in a house with an adult case of tuberculosis, and another that when the bread-winner contracts tuberculosis and becomes a hopeless case, when not able to go out and stays at home and lets his wife go out to work, that a pension or some assistance be given the wife, who is a mother of children, so she can stay at home and allow her husband to be taken care of in an institution.

Editorials

THE TUBERCULOSIS ASSOCIATION

The nineteenth annual meeting of this Association, held in Ottawa last October, was one of the most interesting in its history. The Association is organized on a good basis, and its membership includes both professional and lay elements. The great interest taken by the laity has been of material service to the society, and in all the work which has been done by the different committees the lay members have done fully their share.

The list of presidents is rather interesting, their names being: Sir James Grant (three years); Senator Edwards (six years); H. H. Miller, ex-M.P. (one year); Dr. George Adami (three years); Sir Adam Beck (two years); Colonel J. H. Burland (one year); Dr. Daniel (three years); J. A. Machado (two years): The incoming President for this year is Hon. Dr. Schaffner, of Winnipeg.

Before the Ottawa meeting concluded some very kind statements were made regarding the great value of the work performed by the Secretary, Dr. Geo. D. Porter. It was generally acknowledged that he personally had accomplished more in the fight against tuberculosis than any other man in North America, or, perhaps, in the world.

THE PREVENTION OF TUBERCULOSIS

We have much pleasure in publishing in this issue a considerable portion of Dr. W. J. Dobbie's paper on tuberculosis. The full title, " What Should be Taught To-day about the Prevention of Tuber-

culosis," indicates fairly well the design of the paper. He describes the grave dangers to infants and children which arise from their coming into contact with adults suffering from the disease. It is only within recent years that these dangers have been fully appreciated by experts, and even now they are not properly understood by the mass of general practitioners and lay members of the community.

One of his most important statements is that the infant at birth is free from tuberculosis even though both parents have the disease.

Another important statement is that the majority of adults who have tuberculosis were infected in early childhood.

Dr. Holbrook, of Hamilton, made similar statements about four years ago, but neither the profession nor the public fully appreciated the truth and importance of what he was saying. In fact, many of his friends and admirers thought he was a "crank on the subject," and that he was holding an extreme and narrow view. We understand that Dr. Dobbie goes even farther now than Dr. Holbrook did then.

There are in the address several other important features which will be discovered by the reader even in the abridged form as we publish it. It is altogether a most admirable and valuable production.

THE ANNUAL CONFERENCE OF HEALTH OFFICERS

The recent meeting of the Ontario Health Officers Association was not a pronounced success. This fact was made rather painfully evident by observing the excellent record which was being made by a sister association at the same time. The profes-

sion and the public apparently knew that the Ontario Medical Association was holding a large and good meeting, and at the same time they appeared to think the Health Officers were holding a meeting which was practically a small section of the other society. It happens that the Health Officers' Association has good material in its membership—we believe that there is nothing better in North America. This being the case, it should not only preserve its own identity, but also "make good" in the highest sense of the words. The Ontario Medical is a live and bright society because its officers work with untiring energy during each and every year to keep up a high standard. It is too much to expect Dr. McCullough to do all the work for the Health Officers, especially when we consider the multifarious and heavy duties he has to perform in his own legitimate sphere. We were much interested recently in an article on "Social Reconstruction," written by Sir Auckland Geddes for the Osler Memorial volumes. It is well known in this country that in Sir Auckland we have a rare combination of scientist, physician and statesman.

We quote as follows: "We are at this moment in the power of a world-wide emotional storm, the full effects of which are not yet manifest. The perils of the movement enthral us. Is the armada of civilization to be dashed to pieces on the rocks now almost beneath our bows? . . . Already the politicians and the civil servants alike, untrammelled by medical knowledge, are becoming health experts. . . . There is grave danger in this, but it is useless for the medical profession to cry for spilt milk; for the pitcher was in their hands. . . .

If the medical profession had been using its technical knowledge in the interest of the state as a whole, it would have been insistent years ago in its demand for better houses, for better feeding, for better wages, for shorter hours of labor, not for itself, but for toiling millions to whom it ministered. . . . The profession had only to organize its own knowledge and tell the truth about the condition of the lives of the workers to compel the emotion of human betterment throughout the world to force action."

Sir Auckland probably had in his mind Great Britain when he wrote this article in January, 1919, but it might be well for us in Canada to take a little more active interest in such very important matters in the future than we ever have in the past.

FULL TIME CLINICAL TEACHERS

There appears to be considerable ambiguity regarding the term "Full time teacher in clinical medicine." We are told by Dr. Darrach, of New York, that the various so-called full time plans may be thus summarized:

(1) No private practice and no outside employment.

(2) Private practice at discretion of clinician without any fee.

(3) As in plan (2) except that the fee is paid to the University.

(4) Private practice for fees allowed in limited amounts.

(5) Unlimited private practice within the hospital.

THE PUBLIC HEALTH ACT

At the last session of the Provincial Legislature the Government introduced a bill to amend the Health Act by making the Provincial Board of Health a "body corporate."

Mr. Dewart, the Liberal leader, asked if the proposal meant that the Provincial Board could force compulsory vaccination on a community. He did not think the Board should be in a position to enforce compulsory vaccination. Hon. Mr. Raney in reply said that the proposed amendment had nothing to do with vaccination. Premier Drury made the positive statement, which we decidedly approve, that the Government would take the responsibility for any such order.

Mr. Dewart also had something to say about certain pictures which he described as "loathsome and a disgrace to the Province." A large proportion of our citizens are quite in accord with Mr. Dewart in this regard.

Personal

Mr. Irving H. Cameron was married to Mrs. John Ross Robertson, of Toronto, July 1st. We are glad to learn that Mr. Cameron has consented to retain his position as Professor of Surgery in the University of Toronto for another session.

News Items

FLORENCE NIGHTINGALE

There was a very interesting meeting of the Toronto Chapter of the Graduate Nurses' Association of Ontario held in honor of the Florence Nightingale Centennial, May 12th, when the Lieutenant-Governor acted as chairman.

The life of Florence Nightingale was sketched by Mrs. H. P. Plumptre, who detailed some interesting sidelights in the character of that wonderful woman, who changed nursing from a domestic occupation into a profession. Born in Florence, one hundred years ago, she was named after that city, and made it not only a popular, but also a feminine name. Hitherto "Florence" had been known as a man's name. Mrs. Plumptre told something of the early life of this outstanding woman, who was born in happy circumstances, who belonged to one of the small, exclusive circles in England, and as a daughter of a wealthy man had nothing to do but attend to those social duties which she performed simply because they were duties, not because she enjoyed them. The part Florence Nightingale played in the Crimean War is well known. The great aim of her life, to change the whole order of nursing in England, was nobly fulfilled.

Mrs. Plumptre stated that there was hardly a department of voluntary nursing with which we are familiar to-day, which Florence Nightingale did not see the need of. She organized not only the army nursing sisters, but the system of gifts—or as we would call it, the Red Cross. She looked after the soldiers' savings.

The Khaki University was in a small way instituted; the W.A.A.C. service was started; only, instead of girls, Florence Nightingale had the wives of the men organized to do the laundry work, mending, cooking, etc.

Of her popularity with the men Mrs. Plumptre also spoke. How she used her pedestal to effect more reforms, and became one of the greatest authorities on India, sanitation in that country, etc., and was consulted by every Viceroy, with one exception, who went to India in her day. "The Lady of the Lamp" was great in vision and achievements, a woman of deep religious character, strong, vigorous, a born leader.

EDITH CAVELL

One of Edith Cavell's favorite books was the "Meditations of Thomas à Kempis." She had her copy with her in prison and marked favorite passages, some of which have a very poignant bearing on her circumstances. On the fly-leaf she wrote a brief, pathetic summary of her arrest, imprisonment, and sentence. Mr. Humphrey Milford (Oxford University Press) is publishing a facsimile of this little volume reproducing the private marks; it is called the Edith Cavell Edition, and will be sold at a price from 2s. 6d. upwards, according to binding, for the benefit of the Edith Cavell Homes of Rest for Nurses. It contains an interesting introduction by Bishop Ryle, Dean of Westminster, and one passage, marked with the date "St. Gilles, 11 Oct.," the day on which she received her sentence, and only a few hours before her execution, runs: "There is none to help me, none to deliver and save me, but Thou O Lord God, my Saviour, to whom I commit myself and all that is mine, that Thou mayest keep watch over me and bring me safe to life everlasting."

TUBERCULOSIS AMONG SOLDIERS

At a conference between the Special Committee on Pensions and tubercular specialists at Ottawa, Dr. C. D. Parfitt, of Gravenhurst, said: There were 35,684 Canadian soldiers killed in action in five years, while the number of deaths from tuberculosis in Canada in five years was 42,920. There were 8,508 tuberculosis cases in the C.E.F. during five and three-quarter years to April 30th, 1920.

In the case of men discharged with the disease apparently arrested, the most critical time, he said, was the second year after discharge, when a man might become less careful, and mortality would be heaviest four years after discharge. The mortality would approach normal in the seventh year.

Discharge from the Hamilton Sanatorium would show thirteen per cent. totally disabled and fit for no regular work. Dr. Parfitt held that men in this class should have the maximum compensation permanently. Group 1 of Hamilton discharges showed fifty-two per cent. requiring an indefinite readjustment period. Group 2 included thirty-five per cent. of

Hamilton discharges. These men would in time be fit for their old or better occupations, and on discharge were fit for vocational training preferably in protected industries. The maximum pension should be maintained temporarily, and should be subject to frequent revision as needed.

CONFERENCE ON PUBLIC WELFARE AND SOCIAL SERVICE COUNCIL AT HAMILTON

At this meeting, held May 10th, several subjects were discussed. Dr. J. Howard Holbrook, superintendent of the Mountain Sanatorium, discussed the battle against tuberculosis that is being waged in Canada. Speaking on "The present needs of the tuberculosis campaign in Canada," Dr. Holbrook called attention to the existing conditions in counties and county towns, where no preventive methods against tuberculosis were encouraged, and from which frequently patients sought admission to sanatoria to whose support they had made no contribution. These were people, he said, who made no effort to protect themselves against tuberculosis, and did not show sufficient brotherly love to try to help others who might be so afflicted. There was an urgent necessity for local sanatoria serving groups of counties, with an aggregate population of at least 100,000, and preferably 200,000 people. Each institution should have at least 200 beds. Local medical health officers should also give full time to the working out of a practical system of preventive medicine.

Rev. Peter Bryce, of Toronto, spoke on child welfare. He reviewed the progress made in the work during recent years, and said the claim of the child, both in body and mind, was being recognized. The stage of preventive scientific methods had now been reached.

Dr. E. J. Pratt, of the University of Toronto, in speaking about mental defectives, said the primary school is the place to come to grips with feeble-mindedness; the police court is too late. Specialization in the treatment is as inevitable as in bodily diseases. The solution of the problem lay along two lines, the weeding out and segregation of defectives and formation of industrial and farm colonies where defectives could be treated and employed. Expenditure to this end would result in lessening of crime and poverty.

A resolution asking the Provincial Government to provide

homes for feeble-minded women between the ages of fourteen and forty-five was sent to a committee for consideration.

Thomas Adams of the Commission of Conservation, Ottawa, addressed the gathering on "Practical Town Planning," and gave many valuable suggestions which will be of assistance to those in social service work.

AMERICAN ORTHOPAEDIC ASSOCIATION.

This admirable association, organized thirty-four years ago, grew somewhat slowly for a time, but during recent years has grown wonderfully, and is perhaps, at the present time, the strongest association of its sort in the world.

The annual meeting for this year was held in Toronto, June 8, 9, and 10, under the presidency of Dr. Clarence L. Starr. Dr. Starr, in his address, said that the knowledge gained in orthopædic surgery during the war was now available for all classes of the people.

Among the members present the following also read addresses or took part in the discussions: Drs. H. P. Galloway, Winnipeg; Adams and Kidner, Boston; Blanchard and Ryerson, Chicago; Ster, Cleveland; O'Reilly, Baltimore; Mackenzie-Forbes, Montreal; Whitman, New York; Allison, St. Louis; Hammond, Providence; and Truslow, Brooklyn.

Before the meeting closed on the third day a vote of thanks was given to Dr. Starr. It was freely stated by a number of members that this year's sessions have been the most successful in the history of the association. It is expected that the meeting next year will be held in Boston, with the following officers: President, Dr. H. B. Osgoode; and Secretary, Dr. Plummer, both of Boston.

The College Street Military Hospital, Toronto, closed its doors May 27th after several years of war work.

The residents of Windsor and the surrounding districts commenced what is called the Essex Hospital Drive, June 1st. They are making an effort to collect $100,000 to aid the building fund of Essex County Tuberculosis Hospital, recently destroyed by fire.

WORK FOR THE BLIND

The annual meeting of the Women's Auxiliary to the Canadian National Institute for the Blind was held in Toronto, June 8th. Mrs. Lionel Clarke read a paper, in which she outlined the work of the organization since its beginning in the spring of 1917. She touched upon every phase of the work, and gave many interesting details, referring especially to the sight saving classes for Toronto children. She also gave a record of two tag days organized by Mrs. Wm. Mulock with the help of her Ways and Means Committee. In 1919 $43,500 was raised in this way, and $53,000 in 1920.

Mrs. D. Bruce Macdonald gave an interesting account of the work done in Pearson Hall since it was opened eighteen months ago. The average number in residence had been 22, although there are at present only 16, because many of the men, having completed their vocational training, have gone out to work. At present three men are learning massage, four boot-repairing, two tobacco store management, one stenography, one salesmanship, and eight are receiving preliminary training. The total number of blinded Canadian soldiers is 185, of whom 31 are pending training or post graduate work, 54 are taking training in Canada or St. Dunstan's, 86 have graduated from various courses, and 14 are unable or unwilling to take any training.

Mrs. C. W. Beatty gave the report of the Clarkewood House, the residence for the blind girls from the workshop opened last October. The average number of girls in residence is 17.

Sir Robert Borden has resigned as Chancellor of McGill University because of ill-health and lack of time to attend properly to his duties.

There was a serious epidemic of measles in Ontario in May and June. Two thousand two hundred and sixty cases, with forty-five deaths, were reported.

We are glad to learn that Dalhousie University Medical School, Halifax, will get $500,000 from the Rockefeller Foundation.

SIR JAMES GRANT

At a meeting held March 15th, it was resolved that the Medical Board of St. Luke's Hospital, Ottawa, was desirous of placing on record its profound sympathy with the members of the family in the great loss they have sustained in the death of Sir James Grant. Sir James had been on the consulting staff of that hospital since 1898.

The Public Health Laboratory of Toronto will make the Wassermann test twice weekly, every Tuesday and Friday. It is also announced that some 55 drug stores in Toronto are prepared to supply, free of charge, diphtheria outfits, sputum outfits, typhoid outfits, Wassermann outfits, whooping cough vaccine, and diphtheria toxin.

The public hospitals also have these, and the following in addition: tetanus antitoxin, antimeningitis serum, smallpox vaccine, and influenza vaccine.

No charge will be made for these materials or for reports of tests in the laboratory.

Ottawa has been made the headquarters for Canada's vital statistics. Returns from all over the Dominion will be tabulated there, while formerly this was done separately in those provinces where such statistics were published.

Dr. Norman Gwynn, of Toronto, says that influenza comes in three successive waves, and that, as we had the third wave last fall, we are not likely to have any serious epidemic of the sort next fall.

In 11 schools of Toronto Dr. Clarke found 325 pupils with an intelligence quotient of less than 80 per cent., and out of 122 below 70 per cent., 100 are possessed of the characteristic stigmata of degeneration.

It is expected that the town of Aylmer, Ont., will have a hospital in the near future.

The Provincial Board of Health has started an organized campaign against venereal diseases. Free laboratory diagnosis of V.D. cases is now provided at the Board's laboratories at No. 5 Queen's Park, Toronto, Queen's University, Kingston, the Institute of Public Health, London, and the City Hall, Fort William. Two additional laboratories will be established in New Ontario this year. Containers and slides for samples of blood and smears will be available for all physicians at any of these laboratories.

Clinics for free treatment of Venereal Diseases will be established in the larger cities and towns in Ontario. These clinics will be at the disposal of medical men for clinical diagnosis in doubtful cases. Special "follow up" work along social service lines will be carried out by the local Boards of Health by means of public health nurses.

CARING FOR DEPENDENT CHILDREN

At a meeting held under the auspices of the Child Welfare Council in the Physics Building, University of Toronto, June 18th, the President, Mrs. Adam Ballantyne in the chair, Dr. H. D. Chapin, of New York, delivered an interesting address on the care of dependent children.

The outstanding feature of the lecture was that a home was always to be preferred for the child in preference to an institution. The speaker did not blame institutions, but the system. "Babies are born individually, not in droves," said Dr. Chapin, "and the system of herding them in droves is wrong. The infant mortality under institutional conditions is from thirty-five to seventy-five per cent., and as a result of epidemics and cross-infections many who do not die have established the basis of tuberculosis. Almost everyone, in some stage of existence, has had tuberculosis in some form, and the institution in such cases establishes it."

Dr. Chapin told of his plan for obtaining suitable homes properly watched. This is accomplished in what the speaker termed the unit system. Homes are chosen, the principal thing recommending same being a motherly woman as occupant. A number of these form the unit to which a nurse and doctor are attached.

Speedwell System.

During the last sixteen years in New York 4,000 children have been boarded in individual homes. The method is specifically known as the Speedwell system, three unit areas being in operation. These are Morristown, New Jersey; New Rochelle, N.Y., and Yonkers, N.Y. The cost of maintaining a child in a private home is $18 a week, the milk being also supplied at an additional cost of about $5.

BIOGRAPHY OF SIR WILLIAM OSLER

As intimated in a former issue, Dr. Harvey Cushing, of Boston, is collecting material for the biography of Sir William Osler. He has been unable to get much information about Sir William during the '70's. Sir William spent the greater part of '73 and part of '74 in London, and part of '74 in Vienna and Berlin. He went to England and the continent again twice or three times before he went to Philadelphia in 1884. Dr. Cushing would feel very grateful for any information regarding Osler during those trips. Such information might be contained in letters received from Osler, or by chance meetings with him in overseas cities.

Dr. Cushing tells us that he wants to get every scrap of information that he can because very little things which might appear rather trifling are of great importance in welding together the chains of Osler's busy life.

Medical inspection of schools has been started at Brantford, Ont., with Dr. Alexander in charge.

Lynnhurst, the beautiful home of the late W. H. Plummer, of Sault Ste. Marie, Ont., has been presented by the Plummer Estate, to the Algoma Benevolent Hospital Association, for conversion into a hospital.

There was an interesting function on June 6th, when a memorial park was opened at Poplar Hill, near Park Hill. We are told that in the audience there were more than twenty octogenarians.

REPORT OF THE ONTARIO MEDICAL ASSOCIATION

The Ontario Medical Association celebrated its fortieth meeting in the latter days of May. The attendance was good, and the weather was ideal. The chairmen of the various committees are entitled to much credit for their admirable work. We offer our congratulations to Dr. Marlow, who conducted the proceedings with a grace and dignity which pleased all assembled.

The President and Mrs. Marlow's reception, and that of Mrs. Walter Massey and her family, were the outstanding formal affairs, largely attended, and much enjoyed.

No one observer or listener can do justice to the scientific programme, seeing that for a good part of the time several sections were meeting contemporaneously. But all had the opportunity of listening to the fascinating historical address of Mr. Justice W. R. Riddell, the epochal deliverance of Rosenow on Influenza; the clever and original paper of our old friend, Dr. Tom Cullen, on Adenomyosata; the brilliant effort of Dr. George Stewart, of Bellevue; the careful study presented by Dr. James Masson, a Toronto graduate, on Diverticulitis; the clear, concise, and impressive illustrated talk on X-Ray interpretations of biliary conditions by Dr. A. W. George, of Boston; the scholarly presentation of clinical and experimental studies in Panereatitis, by Dr. Archibald, of Montreal; the masterly contribution of Professor N. W. Percy, on Transfusion; and the novel and forceful presentation of the medical and dental needs of West China, by Dr. Charles W. Service, of Chengtu.

The report of the Committee on Mental Hygiene, prepared by Dr. Helen MacMurchy, was approved. The greatest need at present for overcoming the evils of mental aberration was the training of the future medical practitioners in the medical colleges. For graduates who had not been trained in the subject, a section of the O.M.A. especially devoted to this subject. The Provincial Government ought to provide more trained medical men for places in the insane hospitals of the Province, and pay them better than the present scale. The report proceeds:

The foundations of proper Mental Hygiene must be laid very early. The healthy little baby who is allowed and encouraged to sleep at least twenty-two hours out of twenty-four, who is nursed by the mother at regular intervals, and not oftener than every four hours, whose day passes quietly by—as

regularly and quietly as the earth turns round on its axis—has made a good beginning. With a happy, loving, serene, sensible mother, who has good self-control and is not easily upset, and understands her profession of motherhood and home-making, the development of the baby's mind proceeds favorably. The baby should be allowed to amuse and discover himself and all his fingers and toes and other permanent equipment. But he should not be left alone too much, nor ever frightened, and especially not kept awake at night, even to please father or the rich uncle.

The growing child should never be excited, or overwhelmed by the powers of a grown-up person. Plenty of sleep is essential to the building of a good nervous system.

Children should be left to struggle with their own little difficulties. They like to try things as much as we do, and that is Nature's way to make them strong in mind and body.

Above all, children should learn self-control. To tumble down and be encouraged not to be frightened, but to treat the fall as a joke, adds to the happiness of a child. They should know that their parents possess self-control and are equal to the difficulties of life and that they want their children to be as happy as they themselves are in these possessions. Moods and tempers and passions can usually be averted. It takes two to make a quarrel, and usually temper and passions are really quarrels between parents and children. Obedience and self-control are habits which every child must learn for himself.

Kipling has a good study of Mental Hygiene, beginning:

> "If you can keep your head when all around you
> Are losing theirs and blaming it on you"

and ending:

> "If you can fill the unforgiving minute
> With sixty seconds' worth of distance won,
> Yours is the Earth and everything that's in it,
> And, what is more, you'll be a man, my son."

The homicidal insanity of King Saul, subject to fits of depression, never able to learn how to obey, is a great contrast to the heroism of Job, who met the terrible disasters of life like a man, and said:

"Naked came I out of my mother's womb, and naked shall I return thither. The Lord gave and the Lord hath taken away, blessed be the name of the Lord."

The mental and spiritual strength of the British people is a great asset in war and peace. We must strive to send it on unimpaired to the younger generation.

The first principle of Mental Hygiene then is the formation of good mental habits and a fine character and personality in childhood. A normal nervous system is one that is equal to the difficulties of life.

Every effort should be made to educate public opinion. The marriage laws should be amended. Stress of living in the cells of psyche too much for many persons, solitary confinement, long continued life on the frontier, enforced idleness, deprivation of human rights, whether of head or heart, and starvation of natural desires—all have an unhygienic effect upon the mind.

Better facilities should be provided for incipient cases of mental disorder. Out clinics should be established. More capable men should be appointed to the medical hospital staffs; more female nurses should be trained in these institutions, and better follow-up care should be taken of discharged patients.

Higher Pay Under Workmen's Compensation Act.

A resolution in favor of higher fees for insurance examinations was adopted at the business session. The matter will be taken up with the insurance companies. It was decided also to take up with the Minister of Labor the granting of larger fees to doctors for services under the Workmen's Compensation Act. Recognition of Dominion and Provincial nurses' organizations was agreed upon, and with a view to standardizing medical fees, it was decided to ask the county societies to collect and forward data on the subject as soon as possible to the association.

Twenty county societies, incompletely affiliated with the association, were put on the regular basis of affiliation. An increase in the salary of the Honorary Secretary from $1,000 to $1,200 was voted.

Dr. Ariel W. George, Professor of Roentgenology, Tuft's College Medical School, Boston, gave a talk on the X-ray as an aid in the Interpretation of Symptoms Referable to the Biliary System. He showed a series of slides demonstrating gall bladders, gall-stones, and duodena showing pressure cups or adhesions, indicating gall-bladder disease. Along with the pictures the speaker discussed other conditions with which gall-bladder pictures might be confused. He connected up gall-

bladder findings with clinical symptoms. A number of post-operative pictures of gall-bladders was also shown.

Dr. H. B. Anderson, in discussion, related the history of a patient with a tumor in the duodenum, who had undergone two operations without relief. The tumor not being detected, but later under X-ray the picture seemed to indicate a diseased gall-bladder. Subsequent operation revealed a pedunculated tumor in the duodenum, which was removed. A good recovery ensued.

Dr. N. W. Percy, Associate Professor of Clinical Surgery, University of Illinois, Chicago, read a paper on the Technique of the Transfusion of Whole Blood and its Value in Association with Surgical Procedures in the Treatment of Pernicious and Other Anæmias. The essayist illustrated his technique by the use of lantern slides.

Dr. Edward Archibald, of Montreal, spoke on Clinical and Experimental Pancreatitis. One of the earliest clues to the ætiology of pancreatitis resulted from the damming back of the bile by a stone in the ampulla of Vater, and its diversion up the pancreatic ducts into the body of the organ. The inflammatory process was probably due to the bile salts, the result of chemical rather than bacterial action. In acute cases the pain, usually severe, is pretty well localized to the umbilical region.

Diverticulitis of the Large Bowel was the title of a paper by Dr. James Masson, of the Mayo Clinic. Diverticula are herniæ of the mucous membrane through the wall of the gut, forming pouches which may or may not become somewhat pedunculated. The bismuth and barium reveal where they are when the X-ray examination is made. They may be single or multiple. They occur most frequently in the sigmoid, rarely in the transverse colon, and other parts of the gut. They may cause few, if any symptoms, but often when inflamed bring on an acute abdomen, necessitating a laparotomy and their removal. If the content of the bowel is kept fluid or soft, the danger of setting up trouble is not great. Dr. Masson reported over 200 cases, about one-half of which had been operated upon. Screen pictures were exhibited which showed X-ray findings on the pathological conditions, post-operative and post-mortem.

Pregnancy as a menace to the Tuberculous Mother was the title of a paper by Dr. Jabez Elliott, of Toronto. In spite of their handicaps only three women died of tuberculosis to every four men. Pregnant women, if the disease was not too far advanced, ate well, had good digestive and assimilative

powers. Metabolism was more active during pregnancy than at other times. Nausea and vomiting rarely occur. The induction of abortion does not improve these cases. They usually go on to term and give birth to healthy children. Labor should be made as easy as possible. If the mother is an open case the child should not be allowed to nurse.

The Necessity for change in our Educational Formula, with Particular Reference to Medicine, was discussed by Dr. George Stewart, Professor of Surgery, University and Bellevue Hospital Medical College, New York City. Dr. Stewart's class is divided up into small sections. Each group is assigned certain cases to investigate and study on their own initiative. Histories are taken and findings are discussed. Students question one another, errors are discovered, suggestions made, and further studies of the same cases are made. All the groups in the class are assembled and a further discussion is had among the particular class at work on the particular case presented. The professor uses the Socratic method, and teaches his students by utilizing their own brains and senses. The greatest interest is shown by his students, and their histories, fully written, typed and bound, contain a wealth of material for future reference.

Officers for 1920-21.

Dr. J. H. Mullin, of Hamilton, First Vice-President during the past year, was elected President.

The other officers elected for the ensuing year were: First Vice-President, Dr. F. J. Farley, Trenton; Second Vice-President, Dr. F. A. Clarkson, Toronto; Hon. Secretary, Dr. T. C. Routley, Toronto, and Hon. Treasurer, Dr. G. Stewart Cameron, Peterboro'.

Except in District No. 5, where Dr. F. W. Marlow replaces Dr. F. A. Clarkson, the counsellor representatives remain unchanged. They are: District No. 1, Dr. J. A. MacGregor, London; District No. 2, Dr. E. R. Secord, Brantford; District No. 3, Dr. Geo. S. Burt, Owen Sound; District No. 4, Dr. J. P Morton, Hamilton; District No. 6, Dr. T. S. Farncomb, Trenton; District No. 7, Dr. H. A. Boyce, Kingston; District No. 8, Dr. Fenton Argue, Ottawa; District No. 9, Dr. Edgar Brandon, North Bay, and District No. 10, Dr. E. B. Oliver, Fort William.

Medical Examination Results.

The following degrees of M.D., C.M., were conferred by McGill University on Saturday, June 5:

D. M. Baltzan, Saskatoon; H. S. Brown, Cornwall, Ont.; H. H. L. Casselmann, Winchester, Ont.; J. L. Duffy, B.A., Cornwall, Ont.; F. D. Facey, Millet, Alta.; Vincent Farmer, Vankleek Hill, Ont.; T. F. J. Foley, Edmonton, Alta.; A. A. Fraser, Lakefield, Ont.; J. P. Gilhooley, Ottawa; H. E. Gillanders, B.A., Lemesurier, Que.; J. K. Gordon, B.A., Winnipeg; M. W. Henderson, Victoria, B.C.; W. E. Henderson, Chilliwack, B.C.; V. P. Heney, Ottawa; R. A. McLeod, Southey, Sask.; M. Markson, Alexandria, Ont.; L. A. Miller, Edmonton; C. A. Ryan, Vancouver; C. E. Taylor, Cobalt, Ont.; W. C. Tweedie, Rockland, Ont.; A. W. Young, Revelstoke, B.C.

The following received the degree of M.D. from Western University:

James G. Boyes, Wendell W. Carrothers, Edmund A. F. Day, Roy C. Kingswood, Edward I. Loughlin, Bernard W. McDougall, Wallace R. Matthews, Melville A. Platt, Roland P. Reynolds, Albert J. Slack, William E. Weekes.

Fifty-five M.D., C.M. degrees were announced at Queen's Medical College, June 5th. Of these 25 were obtained by students who wrote their exams. at the college this spring.

The following secured the degrees of M.D., C.M.: C. F. Abbott, Smith Falls; C. D. Archer, Kingston; H. M. Barnes, M.B., Gananoque; C. K. Blackett, M.B., Port of Spain, Trinidad, B.W.I.; J. H. Box, M.B., Kingston; A. A. Cameron, Toronto; W. B. Carruthers, Sarnia; J. M. Clark, B.A., M.B., Port Perry; W. F. Clark, M.B., Montreal; R. A. Dowd, M.B., Ottawa; T. F. Draper, Glenburnie; C. H. Elliott, M.B., Kingston; G. H. Ettinger, B.A., Kingston; C. W. Ferrill, Cobden, Ont.; R. H. Fisher, M.B., London, Ont.; C. J. Garofalo, M.B., Syracuse, N.Y.; F. R. Goodfellow, Godfrey, Ont.; E. J. Gordon, M.B., Highgate, Ont.; C. M. Hall, Kenmore, Ont.; S. A. Hoyes, Port of Spain, Trinidad, B.W.I.; A. C. Kane, M.B., Watertown, N.Y.; D. L. Kennedy, M.B., Portsmouth; H. B. Kenner, B.A., Stratford; B. A. Lawler, Kingston; S. Levine, Kingston; T. R. Little, M.B., Kingston; S. S. Lumb, M.B., Maynooth; H. W. Martin, M.B., Hamilton; J. G. MacLeod, Dunvegan, Ont.; Finley McLennan, Moose Creek, Ont.; L. J.

Palmer, Watertown, N.Y.; R. J. Perkins, Brockville; H. F. Preston, M.B., Napanee; L. E. Sauriel, Lancaster, Ont.; A. B. Simes, M.B., Abernethy, Sask.; J. S. Stewart, M.B., Hamilton; J. P. Sweeny, M.B., Charlottetown, P.E.I.; A. W. Trefery, B.A., M.B., Montreal; James Wallace, M.A., B.D., Renfrew; C. T. Walbridge, M.B., Picton; K. F. G. Ward, M.B., Foxboro', Ont.; H. W. Whytock, M.B., Madoc, Ont.; S. A. Wilkinson, M.B., Chapleau, Ont.; J. V. Williams, M.B., Kingston; P. T. H. Wythe, Hamilton.

Medal in Medicine—G. Harold Ettinger, B.A., Kingston.

Medal in Surgery—James Wallace, M.A., Renfrew (with honor of the medal in medicine).

Personals

Dr. (Col.) S. H. McCoy is now in Ottawa, and is said to be preparing a book on the medical history of the war.

Dr. Edward C. Arthur, Vancouver, has been appointed Medical Officer of Health of British Columbia.

Dr. J. E. Midgley, for some years a practitioner at St. Mary's, Ont., and recently at Brooklyn, N.Y., is now in Toronto.

Dr. J. G. R. Stone is now located at 207 Bloor St. E., Toronto, and is limiting his practice in connection with X-ray work to referred cases only.

Dr. J. A. Reid returned from overseas in April, 1919, and is now engaged in the Soldiers' Civil Re-establishment Bureau at Calgary.

Dr. (Col.) C. J. Copp, of Toronto, was recently presented with a watch and chain by the members of the St. John Ambulance Brigade.

Sir George Makins, President of the Royal College of Surgeons, has become President of the Fellowship of Medicine and Post-Graduate Medical Association, in succession to Sir William Osler.

Dr. Forbes Godfrey took his usual trip to the West Indies last spring and returned from British Guiana, June 10th, having with him his patient, Hon. Howard Ferguson, who, we are told, is quite restored to health and strength.

Former Empress Eugenie, of France, is now in Madrid. An operation was recently performed for double cataract, and was so successful that when the bandages were removed she was able to read for the first time in many years.

Dr. A. G. Fleming has been appointed Director of Laboratories in the Department of Public Health, Toronto. We learn quite recently, however, that Dr. Fleming has accepted a position at Ottawa, and that Dr. H. C. Cruikshank has been appointed to the Toronto position in the place of Dr. Fleming.

We are glad to state that the general health of Dr. J. Algernon Temple, of Toronto, is now good, although his loss of sight during last winter was very serious. An operation was performed a few weeks ago, and we are told at the time of writing that the prospects for partial restoration of his vision are good.

Dr. W. H. Ellis, formerly Dean of the Faculty of Applied Science, was recently presented with the gold badge of Honorary Membership in the Engineering Institute of Canada. This was done at the request of the Council of the Institute as a tribute to Dr. Ellis's long and distinguished service in the Departments of Engineering and Applied Science.

Dr. P. E. Doolittle, of Toronto, spent a portion of the month of May travelling through the Maritime Provinces in the interests of the Good Roads Movement, for which he has been a very earnest worker for about thirty years. He was urged to make his visit, in the first place, by the Nova Scotia Motor League. He delivered many addresses in Nova Scotia, New Brunswick and Prince Edward Island.

Obituary

ALLAN GORDON RICE, B.A., M.B.

We have to announce with deep regret the death of Dr. A. G. Rice, which took place May 13th, at his late residence, 114 South Drive, Toronto, aged 36. Dr. Rice was for some years the assistant of Dr. Bruce Riordon in his work in connection with the Grand Trunk Railway. After Dr. Riordon's death, the Grand Trunk authorities, without any hesitation, appointed Dr. Rice, Division Surgeon. They were always well satisfied with Dr. Rice's work, and considered that he was one of the best division surgeons in their service.

Dr. Rice was an excellent surgeon, and did good work both in railway and private practice. He was a very admirable type of man, highly respected by his acquaintances, and dearly beloved by those who knew him intimately. He had a long and painful illness from sarcoma, which made its appearance more than a year before his death.

THOMAS McKENZIE, B.A., M.B.

Dr. Tom McKenzie was, for many years, one of the best known and most popular physicians of Toronto. He received his preliminary education at the "Tassie" school, of Galt, and studied for a time in Knox College, Toronto. In connection with the latter he took a course in Natural Science at the University of Toronto. He graduated B.A. in 1885, and M.B. in 1887, from the University of Toronto. He was, for a time, a demonstrator in Biology under Professor Ramsey Wright. After leaving the Biological Department he acted for some time as House Surgeon in the Home for Incurables, and, during his whole life thereafter, took a very deep interest in that institution. After leaving this hospital, he commenced practice on O'Hara Ave., Toronto, and continued practice in that city up to the time of his last illness.

He was for some time troubled with bronchial affections, and latterly there was considerable weakness of the heart, and he suffered at times from angina, an attack of the latter being the immediate cause of his death.

There was something original in Tom's make-up, which was both peculiar and interesting. He never was quite satisfied with anything, and yet nobody could understand why, inasmuch as through it all he was always "smiling." We cannot discuss his psychology, but we may say briefly that he was really one of those good souls whom everybody liked. He was at his best in looking after his patients, by whom he was really very deeply beloved. He died June 2nd, aged 64.

W. H. LAMBERT, M.B.

Dr. W. H. Lambert, of Moose Jaw, Sask., died in the Toronto General Hospital, June 11th, aged 54. He graduated from the University of Toronto in 1893, and after doing post-graduate work in New York and London, he commenced practice in the North-west Territories, devoting himself to diseases of the Eye, Ear, Nose and Throat. At the beginning of the war he joined the R.A.M.C., and was sent to Alexandria, where he contracted typhoid fever, from which he never fully recovered. He afterwards did some work with the C.A.M.C., and was for some time President of the Examining Board, at Moose Jaw. The cause of his death was Bright's disease.

LT.-COL. E. OLDHAM, M.D.

Dr. Edmund Oldham, of Chatsworth, was for many years one of the best-known physicians in the County of Grey, or in what may be termed the Owen Sound District. He graduated M.D. from Queen's University in 1881, and commenced practice at once in Chatsworth. We are told in one of the lay newspapers of that district that he served his people with a devotion that had won for him the love and respect of hundreds of families.

For many years he took an active interest in military matters, and was Medical Officer of the 31st Regiment for over 25 years. He was 60 years of age.

His son, a bright young man, with exceptional prospects as to his professional career, Dr. Morell Oldham, who graduated from Queen's in 1913, and practised in Desboro', a village in Grey County, not far from Chatsworth, died from influenza in 1918.

E. C. McNICHOL, M.D.

Dr. McNichol was a well-known physician in Cobourg, Ont., where he practised for over 40 years. In the early part of his career he acted for some time as Medical Superintendent of the Cobourg Hospital for the Insane. He took a great interest in politics, and, as a very effective platform speaker, did much work for the old Liberal party. He was born at Havelock, Ont., and received his medical education in Queen's University.

REV. OMAR L. KILBORN, M.A., M.D., D.D.

Rev. Dr. Kilborn, medical missionary to China, died in Toronto, May 18th.

Book Review

A Diabetic Manual for the mutual use of Doctor and Patient. By Elliott P. Joslin, M.D., Assistant Professor of Medicine, Harvard Medical School; Consulting Physician, Boston City Hospital. Illustrated. Published by Lea & Febiger, Philadelphia and New York, 1919.

The trend of all recent advance in the treatment of diabetes has been toward a more diligent adherence to dietary rules, for it is now fairly firmly established that the only effective treatment is found in dietary measures. The great difficulty in caring for this disease lies in the fact that up to the present a permanent cure cannot be secured, but the most one can hope for is to succeed in holding it in check. Even when this has been accomplished by studied dieting, the care must be continued rigidly. The patient must be made largely responsible for looking after his diet, and there is no doubt but that dietary regulations can be readily carried out by any intelligent patient. The latter must receive instructions from his physician, but the physician cannot do everything. This book is written with the object of serving as a link between patient and physician and as an easily accessible handbook for the former. We consider that this purpose has been most satisfactorily fulfilled. Tables of dietary values of foods, of food requirements, and of measurements are given in great detail, and the reasons for all forms of treatment are outlined in a straight-forward manner. The book is very readable and contains data on diet which should prove valuable to normal individuals as well as to diabetics.

Selections

"THE DANGER OF THE DEAD TOOTH"

With remarkable frequency the public has brought prominently to its notice one or other of the evil consequences likely to arise from dental neglect and indifference to any condition of the teeth, unless it is accompanied by obvious and insistent toothache. But there are regrettably few people among our millions, and practically none among the poorer population, who follow the very excellent course of having periodically a thorough dental examination.

The Meaning of Pain.

The absurdity of assuming that pain is the particular indication which should prompt a visit to the dentist is too obvious to be dealt with here, and some recent notes in the daily press, coming from the pens of those well qualified to speak, may have done something to impress it upon their readers in the morning train. But a "dead tooth" is, to the uninitiated, something of a vague term, and so is the oft-repeated "oral sepsis." If one may judge from the dental condition too frequently noted in the middle-aged person who protests that his teeth are excellent and who receives any suggestion as to sepsis in his mouth as utterly ridiculous, then the vast majority even of educated people have not the slightest conception of what these local troubles imply, and no amount of journalistic exhortation will bring them to the examining chair if its scheme leaves decision as to the necessity in the patient's own hands. Periodic examination by the expert is the only rational and satisfactory procedure, and let this be urged to the utmost. It will pay both the individual and the nation.

The Power of Septic Foci.

We have often heard it explained, in argument against the potential power of sepsis arising in the mouth, that there are thousands of people who have for years an appallingly bad dental condition, and yet suffer apparently no constitutional ill-effects whatever. Now the arguments in defence of the medical warnings are well known to professional readers of these pages.

and they are among the strongest that can be brought to bear. Recently, however, the results of some experiments came to our notice which, although as yet unpublished in detail, throw considerable light on the oral sepsis question. The essential point of the situation is that, admitting the unavoidable ingestion of all manner of bacteria from pockets of decayed teeth, from chronically discharging inflammations of the gums, or from any of the possible types of septic foci in the mouth, the following questions arise. Do these bacteria, of which the *streptococcus pyogenes longus* is the most virulent, pass the gastric barrier? Do they survive their passage through the gastric juice, and so reach the definitely absorptive part of the system? Briefly, by a new experimental method cultures from the duodenal contents at any particular time can be made, and it is found that virulent streptococci pass through only when deficient gastric secretion is present. Gastric deficiency, temporary or chronic, is perhaps one of the earliest signs of constitutional decline. As it begins, so the septic organisms start to invade the whole alimentary canal. The bacteria are, as it were, waiting at the door for some lapse in general health to let them in. Once a passage is established a typical vicious circle begins, and the doctor meets with a case where, though the dental sepsis may not be obviously severe, its removal produces an almost spectacular cure.

Children and Growth.

This simple sketch has been applied mainly to the adult, but, allowing for essential differences, we can equally well apply its moral to the child. Slow septic absorption from any focus, be it from the mouth or elsewhere, produces in the young that retardation of growth, that pale-faced anæmic condition, a lack of lustre in the eyes, the tired sleepy look, and general damaging influence, which recent propaganda has done much to bring to the mother's notice. Nothing could be more urgent than the problem of dental caries among the school children of this country.

The stomach of the laborer with the foully septic mouth is more difficult to disturb, but if for any reason his vitality falls, then, as was repeatedly exemplified in the war period, the result is correspondingly more severe. To the professional reader we would admit that we have passed by the other method of aseptic extension, namely, by lymphatic paths, and typified by the

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P.—4

adenitis, the swollen glands of the child; but so urgent is the call for better care of the nation's teeth, and the necessity for voluntary periodic dental examination, that we venture to draw attention to one small aspect of the question.—*The Hospital.*

Facts and Fictions Regarding Tuberculosis

Now and then the public press stirs up the people to the possible menace to health which some of our habits may entail. If the warnings are justified on the basis of evidence, they must be welcomed. At the present time the public is particularly receptive to the lessons of science. The war demonstrated that science is a potent factor in life and in the world's work. The scientist must, therefore, be on his guard lest fiction creep in where facts are wanted; in other words, in order to retain a respectful hearing he must seek to prevent unfounded statements and half-baked theories from gaining recognition.

Recently the danger of kissing has been heralded anew in connection with tuberculosis. Although Richard Cabot has warned the layman that osculation might well be dispensed with, the practice has not yet been abandoned. Hence it may be worth while to refer to the latest bacteriologic facts established by convincing methods. Patients with tubercle bacilli in the sputum and saliva kissed sterile Petri dishes at different times in the day. Viable tubercle bacilli were demonstrated to be present at certain times in the day, though by no means always. Soon after coughing, the danger of transmission by kissing seems to be particularly marked. The possibility of transference of the micro-organism of tuberculosis to eating utensils, and thence if not cleansed to a second person, has likewise been borne out. On the other hand, the studies of the experts at the Trudeau Sanatorium suggest that the danger of the dust of rooms in a health resort has not yet been conclusively proved, and their experiments tend to belittle it. The same thing is true of the danger of eating utensils properly cleaned, of sanatorium telephone receivers, of door knobs handled by patients, and similar possibilities. Undue prejudice against the tuberculous would be a misfortune.

To the problem of laboratory diagnosis and prognosis of tuberculosis the Trudeau laboratories have also lately made contributions. It is pointed out that the number of tubercle bacilli present in a specimen as judged by the rough methods of exa-

Quotations from Doctors: No. 4

"In cervicitis and its allied conditions, the best remedial agent, in my opinion, is

"It can be applied warm, on a wool tampon and packed in the vagina against the cervix, and supported lightly with a gauze dressing, held in place with a T-bandage. Care must be taken not to pack so tightly as to prevent drainage.

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mination usually employed does not give any definite information regarding pathologic activity that their mere presence does not afford. The same thing is true of such morphologic features as short bacilli, even in clumps. Much's granules and the presence of tubercle bacilli within certain cells in the sputum are likewise regarded as of no especial importance for the determination of pathologic activity, though elastic fibres in the sputum always are. Tubercle bacilli in the stools of adults have at least the same significance in respect to pathologic activity as when they occur in the urine. Of doubtful or negative value are various urine tests, namely, the diazo, urochromogen or methylene blue reactions. The mere figures of red and white blood cells are likewise without import.—*Journal of American Medical Association.*

"Full-Time Men" and General Practitioners

Medical education has reached a point where the status of practitioners in the medical schools should be defined. "Full-time men" are getting to be all the rage. In the few schools which can afford it, even younger instructors and associates are to an increasing extent men who have no private practice, who divide their time between laboratory, wards, dispensary, and classes. Obviously, with this assortment of activities, the full-time man's time is full indeed. He is working in a place where no test is too difficult to perform, no procedure too complicated to carry out. Instead of dealing with the heartaches and the thousand natural shocks of family life, he deals with patients who are under orders, with doctors and nurses who have been trained and who have no other cares. He need not feel obliged to give medicine just for the sake of "doing something." In short, he is a relatively free agent who can spend all his time being scientific.

Now, so far as the students are concerned, this reacts most beneficially. Students should see medicine at its best. They should be taught by men who have time to be investigators, who do not have to fight and harangue in order to get their directions carried out. From an educational point of view this arrangement is far better than that of taking the man with the largest practice and reputation, making him a teacher, having him rush from his practice to his classes, never giving sufficient time to his teaching, always giving the same lectures from year to year.

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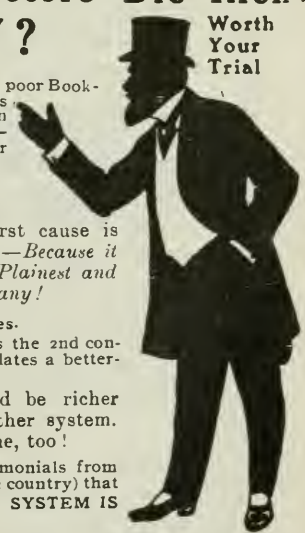

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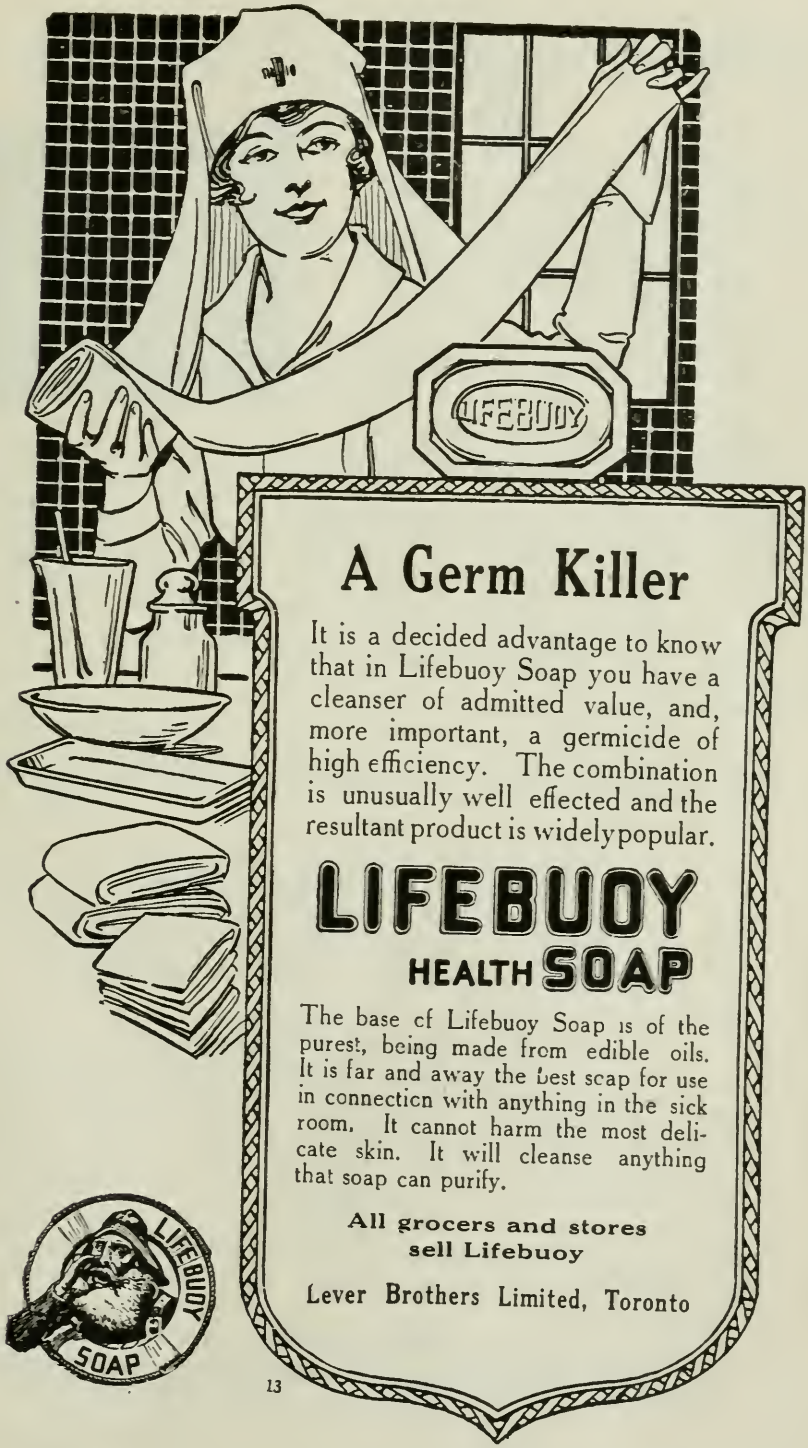
Are we, then, to do what we can to speed the extinction of the practitioner-teacher and bestow our favors upon the full-time man? This would clearly be bad policy unless we intend to make medicine altogether an institutional affair and eliminate private practice, an idea so impracticable that it deserves no sponsors. In the first place, the men who are selected for full-time teaching and research are, professionally speaking, practically all born in laboratories. Chemistry, bacteriology, and pathology figure so largely in medical teaching to-day, that a man without some achievements *in vitro* had better not regard himself as suitable material for a full-time teacher. This being the case, the schools are running the risk of turning out men even worse equipped for private practice than they are now. Graduates will be likely to continue regarding diagnosis and pathology as be-all and end-all, and those measures practicable for the relief of those patients who are sick at home, with a busy, worried wife or mother for a nurse, will be foreign to them. However much the full-time man with a laboratory past may realize the limitations and demands of medicine practised in private homes, this man cannot give the student the point of view which one well-trained in private practice can give.

To supply this point of view we have our choice of requiring that full-time teachers shall have engaged in private practice for a period of years before entering upon their professional work, or of continuing to rely upon professors of clinical medicine or surgery, etc. Probably the latter alternative is to be preferred if the men chosen have not the kind of practice where quality of work is sacrificed to quantity, in the interests of the exchequer. Far better use for purposes of clinical teaching the man who is "too good a doctor to make money"—in other words, the man who gives each patient such careful attention that he cannot have huge numbers of names in his appointment book. Diagnostic speed kings may do well enough financially, but they are not qualified to head students toward good medical work. Full-time men are indispensable to the best medical teaching. They should guide the teaching policies of their respective departments. But the instruction they give must be supplemented by the personal teaching of conscientious practitioners, who do more than anyone else to bring modern medicine into the homes.

—*Medical Record.*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Miscellaneous

The Career of Victor Horsley

We extract as follows, from an article written by Stephen Paget, F.R.C.S., and published in the *Overseas Daily Mail* (English):

Perhaps, in all the history of medicine and surgery, nothing beats the record of Victor Horsley's three years' work, from 1884 to 1887. He was only 27 in 1884. His genius, his passion for knowledge, his resolute will to get at the causes of things, whirled him ahead: he was already, at 30, the wonder of science and practice. In those three years he achieved his threefold work, on the thyroid gland, on rabies, and on the localisation of function in the brain. Out of this threefold work—other men worked with him, but he is none the less immortal for that—came the cure of myxœdema, the treatment of sporadic cretinism, the abolition of rabies (hydrophobia) in this country, and the modern surgery of the brain and the spinal cord.

1. In 1884-86 he proved, by experiments on animals, that myxœdema is due to inefficiency of the thyroid gland. Later, in 1890, he was the first man in this country to suggest a rational and successful treatment of the disease.

2. In 1886 he began his work on rabies. He represented and interpreted Pasteur to us; he was the one man in the kingdom who was using Pasteur's test and experimenting by Pasteur's method. He set himself to refute the old popular fancy that rabies could "come of itself," and to induce the nation to accept Pasteur's advice.

3. In 1884 he began his experimental study of the localization of function in the brain. On these researches he founded and built his method of operating on the brain. Here he is not alone; other men were at work with him, following all the evidences of science and practice; the air was full of discoveries. Yet he stands above other men; for he was both physiologist and surgeon; and it was he, more than any man in this or any other country, who created and made, from the physiology of the brain and spinal cord, the operative surgery of the brain and spinal cord.

Look at this three years' record of threefold work, begun when Horsley was 27. Is it not amazing? Is he not among

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the immortals? By the time he was 30 his authority was recognized, his name was honored, alike in the old world and in the new. I have touched only three years or so of a life that was crowded and overcrowded with science and practice, and, which is greatest wonder of all, with passionate zeal for politics, and for plans of national and social reform.

One might imagine that he kept young because he never had an idle moment in which to feel old. Yet he was in his 60th year when he went from Egypt to Mesopotamia. They tried hard to dissuade him: they knew the risk of his dying, at that age, in that climate, with that work: and so did he. "Don't worry about me," he said. "I don't matter; I can't live for ever: it's the young that matter."

On July 16, 1916, he died, of heat-stroke, in the British Hospital at Amarah, in Mesopotamia.

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Cascara sagrada is unique. There is a distinct advantage in using it in the treatment of chronic constipation. For example, it stimulates the muscular structure of the intestine, thus promoting normal peristalsis. It activates the intestinal follicles, thus augmenting glandular secretion. Moreover, this stimulating effect is mild, not excessive. It approximates the work of nature and is therefore not harmful or retroactive.

To state the case in another way, cascara unloads the bowel in a normal manner and not by exciting violent and painful peristaltic movements and tenesmus, which not infrequently attend the use of the conventional purgative.

No other drug replaces cascara sagrada, which alone can be given for long periods without detrimental effect. In fact, success in its use depends upon its continued administration, in gradually ascending doses, until a natural daily action has become the fixed habit.

The original bitter fluid extract, introduced by Parke, Davis & Co., in 1877, is the preferred preparation in most cases, because of its well-known bitter-tonic effect. It is given in doses of five to thirty drops, according to the condition to be met, and this dose may be continued for several weeks in chronic cases. In more obstinate cases the initial dose should be increased gradually until the desired result is attained. At this

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Compound Syrup of Hypophosphites

The Child

One of the most striking results of hypophosphite medication is a tendency towards increased activity of bone development. Cartilagenous epiphyses or ossified spongy bone tends to increase in thickness, and compact bone in hardness. It should not be forgotten, however, that phosphorus is found in notable quantities in all tissues, and is probably as essential an ingredient of their structure as of bone. The diseases in which the hypophosphites are especially indicated are rachitis, osteomalacia, phthisis and scrofulosis. It is evident that the indications for the alkaline hypophosphites are very strong in the first two of these affections. Cases are not rare of children of slow development, often seemingly well nourished and yet pale and with flabby flesh, but without any distinct symptomes or marks of scrofulosis. In many cases, if the urine is examined, it will be found to contain an excess of earthy phosphates. The condition of malnutrition from which these children are suffering predisposes them to tubercular disease in its various forms.

PRESCRIPTION 1920 contains the hypophosphites of calcium, sodium, potassium, manganese and iron, with quinine and strychnine combined in the most assimilable and palatable form. The preparation will be found of great value in the treatment of nutritive disorders in childhood.

SPECIAL NOTE

Prescription 1920

is supplied in the form of a syrup and is also put up without sugar for use in cases where sugar is contra-indicated as in diabetes.

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point a progressive tapering-off system of dosage is adopted, rather than an abrupt cessation of the treatment.

For patients who cannot or will not take the bitter medicine, Cascara Evacuant is recommended. This is a palatable extract from which the bitter principle of the drug has been removed. It is well to remember, however, that the bitter fluid extract can be taken in gelatin capsules which are supplied to the patient with a medicine dropper. The prescribed dose is dropped into the capsule, which is then closed and swallowed with no suggestion of its contents.

Prohibition that does not Prohibit

A few weeks since the report went out that the alcoholic ward at Bellevue Hospital was to be closed for lack of patients, that the Municipal Lodging House was practically vacant, and that the number of "alcoholics" in the city hospitals had been diminished to from one-fifth to one-third their former number. Bird S. Coler, Commissioner of Public Welfare, now asserts that the wards are not only not empty, but that the number of patients is increasing and that many of these persons are in a serious condition owing to the fact that they are getting much worse liquor than when the traffic was regulated. He threatens to send out inspectors if there is no better enforcement of the prohibition within the next thirty days. It is notorious that any one wanting a drink of whiskey in this city can get it without difficulty if he has the price; but a sick person who may need alcohol to save his life is allowed only one pint in the course of ten days, or an ounce and a half a day.—*Medical Record.*

The Treatment of Carbuncles, Boils, Anthrax, Acne, Styes and Diseases Arising from Staphylococcus

The Practitioner, August, 1917.—"In May at the Academie des Science, Gregoire and Froin drew attention to the fact that tinworkers never suffer from boils, and that powdered tin is a popular remedy for this complaint. They tried the effect on fifty cases of furunculosis, giving powdered tin or the oxide of tin in doses of from fifty cg. to one cg. In every case a cure was obtained in from five to fourteen days. These who were treated over six months ago have not had any relapse. Hudelo reported the effects of the same powder in a further series of cases, in each of which a successful result was obtained. He

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gives a mixture of powdered pure tin and oxide of tin, twenty-five cg. of each, in a cachet."—*Journal des Practiciens,* 2 June, 1917.

STANNOXYL is a truly scientific production, the value of which has been studied very closely at the Academy of Medicine, the Medical Society, and at the Hospitals, etc. The results have been explained at some length in the communications of the Academy of Science, 15th May, 1917. The effect is wonderful; from the second day of treatment the pain is relieved, the carbuncles begin to dry up, those which are just opening are stopped in their course, the core is not expelled but reabsorbed. It is advisable to put a dry protective on the remaining carbuncles.

STANNOXYL is supplied in greyish tablets having a slightly metallic taste, not at all disagreeable.

The daily dose for adults is four to eight tablets: children three to four tablets. They may be taken at any hour of the day in water, or preferably eaten dry.

In the majority of cases a complete cure is effected by the fifth or sixth day. It is seldom necessary to take the full ten days' treatment, although in some exceptionally obstinate cases the treatment has been prolonged to fifteen or sixteen days.

STANNOXYL is perfectly harmless, and in the opinion of authorities most competent to judge is extraordinarily efficacious, relapses are unknown, indeed, it is a specific for diseases arising from staphylococcus.

Atropine in Sea Sickness P. Cazamian, (*Arch de med. et Pharm.*)

The writer, a surgeon in the French Navy, has made a close study of sea sickness, which he attributes to disorder of the sympathetic and autonomic systems. He has given one hypodermic injection of atropine (1/50 to 1/30 grain), and it has rarely been necessary to give a second injection, but he has found it desirable in some cases to administer 1/100 grain after twelve to twenty-four hours. In a late stage of sea-sickness with low blood pressure and prostration the combination of adrenalin with atropine is very beneficial. As a means of preventing sea-sickness 1/60 grain of atropine is injected hypodermically on embarking, and may be repeated for three days, if the weather conditions are bad.—*The Medical Review.*

The Canadian Practitioner and Review

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Original Communications

PREGNANCY AND TUBERCULOSIS*

J. H. Elliott, M.B., Toronto.

There has been an almost universal belief that pregnancy as a complication of pulmonary tuberculosis exerts a serious influence upon the course of the disease, regardless of its extent or activity, that even when the patient showed evidence of improvement during the pregnancy, she usually failed rapidly during the puerperium or lactation.

From the time of Louis (1) published statistics have shown that women pay a heavier toll to tuberculosis than do men, but recent studies compel us to realize that at the present day as far as England and Prussia are concerned the reverse is true. Cobbett (2) states that in England and Wales a study of the figures for the first decade of this century, show that four males die from tuberculosis for every three females. During childhood and adolescence girls suffer more than boys. From the age of 20 onwards young men begin to die from tuberculosis more frequently than young women; and the maximum disparity is reached between 45 and 65, when the mortality among men is twice that among women. For the age period 20 to 24, 122 males die for each 100 females, from 25 to 34, 131, and at age 35 to 44 the proportion reaches 153 to 100. A study of vital statistics does not suggest to us that pregnancy and childbearing exerts an extremely unfavorable influence. Except in the patient with far advanced phthisis, we not infrequently find that our patients appear definitely improved during the period of pregnancy. There may be no

* Read at the Fortieth Annual Meeting, Ontario Medical Association, Toronto, May 27th, 1920.

marked change for the better in the pulmonary findings, yet the general nutrition suggests a beneficial influence. In the researches of P. Bar, quoted by Robin (3) we learn that in pregnancy the healthy mother fixes more nitrogen, utilizes in a better manner the sulphur of her albuminoids and the iron of her food and at the same time mobilizes a larger quantity of phosphorus and lime; more oxygen is consumed and more Co 2 produced. All this represents a form of hypernutrition, the products of which, intended for the foetus, can be very useful to the mother, who thus derives a certain profit from her greater histogenetic activity. For the patient to benefit by this hypernutrition she must eat, digest, and assimilate well, otherwise her own tissues will suffer. During the last two months of pregnancy she has to provide for the osseous system of the foetus, and to do this there is a demand for decalcification of her own osseous system, the reserves of which have already perhaps been depleted on account of her tuberculosis, and this leads to a condition of demineralization unless digestion and assimilation are active.

The nausea and vomiting so frequent early in pregnancy are strikingly absent in the majority of the tuberculous. With enhanced appetite and good digestion the general condition improves and with this not infrequently there is a decided change for the better in the pulmonary process. This change for the better I have noted in cases in whom it was considered that the condition of the lung was such as to warrant an interruption of pregnancy. So frequently have I seen a patient do well after interruption had been decided upon but for various reasons not undertaken, that I am convinced this procedure is never justifiable without a most careful survey of the case from all points of view and especially that of further observation.

In the light of experience, knowing how well some patients do when left alone and how badly others do who are treated by emptying the uterus, it would seem most difficult to make a just prognosis in any large proportion of cases. I have seen cases in which tuberculosis became active during pregnancy and which grew steadily worse. I have seen as many do badly when abortion was performed and death resulting both when interference was undertaken and when not.

The effect of pregnancy upon the tuberculous patient is influenced by numerous conditions, (1) the stage and activity

of her disease, (2) her general nutrition, (3) the care and attention given during and after pregnancy—upon these rather than whether pregnancy is interrupted or allowed to proceed.

The patient with quiescent disease and good nutrition and digestion will probably give birth to a strong healthy child—relieved of the care of the child and lactation she will probably pass through this latter dangerous period without recrudescence of her symptoms if kept at rest for a period of six to eight weeks.

If the disease be active it may become more acute either during pregnancy or more probably during the puerperium, the more advanced and active the disease, the greater the danger.

It is possible that in the early months of pregnancy in a woman with slightly active disease, vaginal hysterotomy under gas and oxygen anæsthesia, may be undertaken without ill effect, but generally speaking, the value of inducing abortion as usually undertaken, may be considered at least questionable and the operation in my opinion is rarely justifiable.

We must, however, recognize that pregnancy is always to be looked upon as a serious complication in the tuberculous and is to be avoided. When it does occur the patient must be placed under strict treatment with the obstetrician and internist working in co-operation.

Labor should be made as easy as possible. No patient is to be allowed to go beyond term and in many cases it would seem desirable to induce premature labor two or three weeks before term. The second stage of labor is to be made as short and as free from pain and exhaustion as possible. After parturition the child is to be taken away from the mother in order to avoid infection, and to save the mother the strain of lactation.

With the tuberculous mother the usual nine days of bed rest must be extended. Rarely less than four weeks bed rest is justifiable and with active disease a much longer period is to be insisted upon. In the absence of active symptoms, temperature observations and frequent chest examinations are to be undertaken to recognize the appearance of any sign of reactivation. In short a strict regime of bed rest is to be observed, not only during the pregnancy but for a variable and prolonged period after delivery.

The child is usually born healthy and free from disease. The danger of infection is post natal and the mother must not be allowed to care for the child.

The dictum of the French clinicians sums up several points of importance to the tuberculous. If a girl, no marriage; if a wife, no pregnancy; if a mother, no suckling.

Time will not permit a discussion of the question of the marriage of the tuberculous, which, though relevant, is not within the scope of this paper.

In recognizing the gravity of pregnancy as a complication of tuberculosis, it is our duty to warn our patients of the dangers which accompany it, and it is but humane and just that they be instructed how to prevent conception.

"Though pregnancy has generally a disastrous effect upon phthisis, phthisis unless far advanced, has little effect upon conception and pregnancy. Procreative power is said to be somewhat above the average in phthisical women, but sexual appetite is not much impaired except in the last stages of the disease. When pregnancy occurs the child is usually carried to the full term and born in the natural way. Abortion rarely occurs unless the phthisis be far advanced or associated with high temperature and violent coughing. When artifically induced it produces more harm than if the pregnancy had been permitted to run its full course" (4). This is West's wise summary.

Recent reports have been made upon a series of cases Norris and Landis (5) sixty-eight cases, Walsh (6), thirty-eight cases, Stewart (7), which have given us much further light upon this subject and allowed us to formulate a series of conclusions.

Walsh agrees rather thoroughly with Robin (3) that we should forbid marriage to tuberculous subjects, though he thinks the quiescent case may marry after treatment and education.

Pregnancy is to be forbidden to the phthisical but if it should occur it should not be interrupted, for putting aside criminal abortion which might be encouraged by such advice, the mother will lose by this procedure more than she can gain as the mortality in a series of cases is just as great as natural parturition and its consequences.

Walsh also quotes the French school with Pinard at its head, whose experience makes them forbid the interruption of pregnancy in all stages, for even when the tuberculosis is advanced and acute they contend that at best it is only the destruction of a healthy life in order to lengthen a sickly one.

The views expressed by Flick should carry much weight.

"I believe that if every pregnant woman coming under observation, whether she be in the early or advanced stage of tuberculosis, is carefully treated during her pregnancy and aseptically delivered, her chances of life, aside from those of the life of the child, would be much better than by the termination of pregnancy. This opinion is based upon a rather large experience. Of course, we all agree that if pregnant tuberculous women are allowed to go without proper care evil results will follow. I think, however, that as conservative physicians it is our duty to try and save life, not only the life of the mother but of the child. Furthermore, that if it is possible by proper scientific treatment during the pregnancy to make the woman's chances of life even as good without abortion as by terminating pregnancy, it is our duty to follow this course.

Summary and Conclusions

1. Tuberculosis of the lung exerts practically no influence against conception.

2. It seems to exert little influence on the course of pregnancy and unless the patient is in a far advanced stage of the disease has little or no tendency to cause abortion, miscarriage or premature labor.

3. Pregnancy may prove a dangerous complication in tuberculosis of the lung, especially if the disease be active.

4. A woman with active tubercle of the lung should not marry.

5. A tuberculous woman should not become pregnant unless her lesion is limited and active signs have been absent for at least two years.

6. There are no rules we can follow which will aid us to determine with certainty which cases will bear the added strain of pregnancy well and which badly. It is equally difficult to determine in what cases an abortion will improve the future prospect of the pregnant woman. As in all forms of treatment of tuberculosis we must individualize, all rules fail.

7. Intervention after the fifth month rarely gives satisfactory results. Prior to the fourth month, it is possible that the mother's future may be improved by emptying the uterus through the modern operation of vaginal hysterotomy under gas, ether and anæsthesia, that is by avoiding shock incident to a prolonged operation or ordinary anæsthesia or loss of blood.

8. Labor should be made as easy as possible. The induction of premature labor two weeks before term may be advisable.

9. The tuberculous mother must not nurse her child.

10. The ordinary hygienic and dietetic treatment of tuberculosis must be strictly observed during pregnancy and the puerperium for at least six weeks after all evidence of pulmonary activity has subsided. The obstetrician and the internist should work in closest co-operation.

11. A pregnant woman giving a history at all suggestive of pulmonary tuberculosis should be subjected to a thorough examination by a competent internist at the earliest possible date. Only in this way can the proper treatment be instituted at the time when it is most valuable.

REFERENCES.

1. Louis—"Note on the Relative Frequency of Phthisis in the Two Sexes." Annales d'hygiene publique, t. 1—vi, p. 50, 1831.
2. Cobbett—"The Causes of Tuberculosis." Cambridge, 1917, p. 6.
3. Albert Robin—"Treatment of Tuberculosis." New York, 1913, p. 403.
4. Samuel West—"Diseases of the Organs of Respiration." London, 1902, p. 519.
5. Norris and Landis—"Pregnancy and Tuberculosis." American Journal of Obstetrics, June, 1916.
6. Joseph Walsh—"Pregnancy in Cases of Tuberculosis of the Lungs." American Journal of Obstetrics, February, 1918.
7. David A. Stewart—"Tuberculosis and Maternity, a study of 200 maternal histories." Transactions Canadian Tuberculosis Association, Ottawa, 1917, p. 41.
8. Lawrence F. Flick—American Journal of Obstetrics, February, 1918, p. 331.

STANDARDS OF CHILD PLACING*

Mrs. A. D. Fisher.

I do not pretend to be a public speaker, but being intensely interested in the young dependent child, and from experience gained as a Board Member of "The Infant's Home," the idea was very forcibly impressed on my mind that Institutional Life, no matter how good the care might be, was not the life for the normal dependent child. I tried to study conditions and causes and work out the whys and wherefores of the cases which came to us, and have arrived at the conclusion that

* An address given on March 11th, 1920, for the Neighborhood Workers' Association of Toronto.

provided the right type of home is found for the right child that the Home Finding or Child Placing System is the most perfect solution to date for the care of the dependent child.

Let us, then, briefly look at the underlying theory which stresses Home Finding as against Institutional Life for the dependent child, the child who through desertion, inability or unsuitability of parents or friends to provide for it, or who through any of the cruel circumstances of life has to be handed over to public care. The family is the oldest human institution antedating both Church and State. It is the fundamental and necessary unit for the development of humanity and civilization.

Among the advantages to be gained from the individual home as against the institution are the following:

It would give individual and motherly care for the ill-nourished, love-hungry little souls who have been denied wholesome family life, if not the natural parent, then some one whose love for little children is so great that the child (at least while young) may never know the difference.

The following testimony from one of the best matrons who ever lived, proves conclusively, I think, that institutional life for the child is not ideal, when she says, "Poor little children, we gave them love and good care, but we were obliged to deny them so much which rightly belonged to their lives as children. Young as most of them are, they know, feel and appreciate the advantages of the new way of individual homes, far better than we older ones."

Most children, who in infancy are regarded as physically unfit, were healthy at birth, and are merely the victims of a bad environment, improper feeding and neglect, conditions which it is quite possible to remove, and when the obstacles are overcome, these infants have the same chance to survive as others. A high infant mortality results in a sacrifice of the *unfortunate* not the *unfit*. For example, take Newton, a posthumous child, so small and frail at birth they thought his life would be limited to hours, and yet, through skilful nursing and tending in early years he lived fourscore years and revealed to us the laws of the universe.

In defining Home Finding, we mean the finding of real homes for children, for days, for weeks, for months or for years, as the various cases demand, and after very careful

inquiry and investigation, placing our children in good normal homes, where the individual, physical, mental, moral, religious and social development of each child is a matter for careful and constant supervision and oversight—at once sympathetic and elastic in its understanding. With our plan of Home Finding our Homes will be divided into three classes—Free Homes, Boarding Homes and Homes for Adoption.

Take the first class: Many people are willing to take a child for a time at least who do not feel (particularly in the case of very young children) that they really want to adopt them—at least, not till they know just what the child is like, etc.—but are willing to give them a good normal home, provide for them, giving love and good care, but not legally bound in any way.

By the second class: Boarding Homes.—We do not mean baby farms or licensed homes where numbers of children are taken, but where possible we could find just the right home for some very delicate, ill-nourished child, where excellent care and love would be given, but where the actual expense, or perhaps in some cases, a little more, or maybe only the cost of special food, etc., would have to be met by us. Through payment many high class people as care-takers are to be found, who could not afford to give their services otherwise. Then, of course, the Homes for Adoption, you all know and understand. I might say, all the children put into homes by us would be under our care and supervision, and it would entail more and very expert workers to keep in touch with these cases, particularly outside the city, as our work increases, and would doubtless cost us a little more, but would a little extra expense not be warranted if it meant a material saving in child life?

Instances of what has actually been accomplished through this placing out in homes with individual attention of miserable puny babies, that had practically been given up to die, and yet they have lived and grown into healthy children. Some people are very discouraging, and say it is not possible to get people to take these delicate children and care for them, either for love or money. This attitude does not in the least discourage me. I take courage and glory in the knowledge of many who are doing this work now.

From appeals we have made we feel confident there are many good homes to be found. In this connection, a very touching incident, in response to an appeal we made, came to

us in the form of a letter saying, "I will take a child and give it love and good care, my only child lies sleeping in France." Also, another instance of a woman in Toronto, who has already taken one child and loved it into the semblance of a real child, not an institutional child, then it was adopted out entirely. She is now ready to take another and do likewise for it. To quote her own words: "It is simply wonderful what a little love and care does for these children. Fatten them up a little, tie a big bow on their hair, put a pretty frock on them, and they will be taken off your hands long before you are ready to part with them."

We find many people, in choosing a child for adoption, want the prettiest baby we have. We try to impress on them that beauty is only skin deep, and there may be wonderful qualities awaiting development back of a plain face, or that they should consider how hard life has been for these kiddies, and that it might be an interesting experiment to take a picture of the child now when it is taken into their heart and home, and another after a year's loving care, and note the difference. A child will respond so quickly to love and attention, that the whole expression seems to change.

However, we believe, if this work is once understood and people able to grasp just what it will mean to our nation, good homes are waiting for all the children, the fire is burning, there is oil in the lamp, a place to play in the yard, there are vines or gardens, an apple tree or lilac bush to distinguish the seasons, and there are plenty of loving Christian men and women who will welcome children if the great need is brought home to them. The family must be the nation's salvation. The child is the hope of the nation, and the world moves forward on the feet of little children.

Editorials

THE FAITH HEALER

We approach this subject with "fear and trembling." Some good men, generally respected, and rightly so, after careful and conscientious consideration, gave the glad hand to Mr. James Hickson, designated "The Faith Healer," and fully endorsed his work.

The majority of our profession believe in the Divinity of Christ and the power of Faith, but we believe that there is serious danger at present of going too far beyond orthodoxy—possibly into the realms of blasphemy—in exalting the healing powers of any one person, whether a clergyman or layman.

Those who listened to Mr. Hickson in Convocation Hall, June 25th, were, as a rule, favorably impressed by the manner of the man and the substance of his address on "The Revival of the Ministry of Healing in the Church of Christ." Speaking in regard to the work of Christ, he said: "If we had been faithful to His command the world would not be what it is today; but faith has gradually lessened, which has proved a calamity to suffering mankind."

He said: "I have been healing since I was fourteen years old, and when I am healing I am conscious of life and power going through me all the time. That is why I know I have no power in myself to heal, but it is the power of Jesus Christ working through me while 'laying on hands.'"

Dr. John Hunter, of Toronto, in commenting on Mr. Hickson's work, refers to the psychic effect of

such actions in an environment such as a great cathedral furnishes. He says: "Were it not too impious, one might ask his clerical devotees to compare the grotesque pseudo-religious pantomime with the sublime simplicity of scenes witnessed in the healing of the sick by the Great Physician Himself and His apostles."

The *Toronto World* has no sympathy with the "outcry against the authorities of the cathedral." It asks, "Is not the laying on of hands for the healing of the sick one of the most orthodox accompaniments of the Apostolic Succession"?

Rev. Dyson Hague published a letter in the Toronto papers which we think was not up to the standard of his usually well-endowed pen. He tells us: "Whatever critics may say, the Church of England or any other Church has no reason to be ashamed of the Mission of Healing, and many who have been pronounced hopeless cases, when they turned to Jesus Christ, the Great Physician, have been made whole, soul and body."

We, of course, admit this, and really concur with most of Mr. Hickson's arguments, but we don't know that they prove that the laying on of hands in St. James' Cathedral was proper.

We think Canon Skey showed more sense and good judgment than Mr. Hague when he said: "God has given certain health laws regarding sanitation, cleansing, dieting, exercise, and rest. We cannot expect supernatural aid when natural laws are not obeyed."

Rev. Mr. Doherty, Chairman of the Toronto Committee, stated, after Mr. Hickson left the city: "Just as soon as we can we are going to follow up all cases.

Then we shall be able to tell definitely the results—not just the rumor—and we are not going to take people's say so. We want direct medical testimony. I think spiritual results have been awfully satisfactory."

Of course we recognize the fact that Mr. Doherty is not one of the heavy-weights or leading lights among clergymen of Toronto, but he appeared to have considerable influence in this very doubtful campaign. Was this one of the results of his "follow up"? Two or three days after we find the following headlines in large print in the *Toronto Globe*: "Born Blind, Is Now Able to See; Epileptic Woman Reported Absolutely Recovered Through Mr. Hickson's Healing." Will Mr. Doherty go on with this sort of advertising in accord with those business methods which have been so successfully carried out by the proprietors of "Tanlac"?

There can be no doubt now that the campaign is going to have a considerable effect in strengthening Christian Science, notwithstanding all that may be said to the contrary by the Rev. Mr. Dyson Hague or anyone else.

THE DEAN OF THE MEDICAL FACULTY

At last the definite announcement has been made that Dr. Alexander Primrose has been appointed Dean of the Medical Faculty of Toronto University. Since Dr. Clarke signified his intention to resign, Dame Rumor has been busy and has furnished quite a variety of deans. For a time many hoped that General Fotheringham would be selected because of his great administrative ability as shown in the war,

his knowledge of medicine in its widest sense, but, above all things, as a mark of appreciation of the tremendous sacrifices he made in the war. But it would appear that the present governing powers of the University are unacquainted with Dr. J. Fotheringham, although he is generally acknowledged to have been a man of light and leading in the medical profession for over twenty years.

Another name mentioned and received with great favor was Colonel Wm. Hendry; another, Dr. Gibb Wishart, who possesses great working capacity. Others supposed that the Director-General of the Medical Faculty would be appointed.

Now that Dr. Primrose is made Dean, we may say that his appointment gives satisfaction to the majority of graduates so far as we know. Whether he is to be commiserated or congratulated we don't know, but we think he deserves to succeed, and hope he will. Unfortunately, however, it is the fixed opinion of the great majority of medical graduates that the affairs of the medical faculty are in a mess. It is perhaps only fair to add that it is generally believed that the outgoing Dean is in no way or degree responsible for the muddle.

PITUITRIN

Some conservative obstetricians are commencing to think that the use of pituitrin as a stimulant to uterine contraction has grown in favor to such an extent that we are getting well within the danger zone. Dr. Gordon Gallie has recently published a very interesting paper on the subject.

At the recent meeting of the American Gynæcological Society, Dr. B. P. Watson, of Toronto, read a

paper on the subject which created considerable interest as well as some surprise. From the report in the *Jour. A.M.A.*, we find the following abstract: "I have used pituitary extract extensively for the induction of labor, and during all stages of labor, and have never had any bad results. Dose—half to one cc. intramuscularly. In most cases uterine contractions commence in about ten minutes and increase for twenty minutes, then a second injection. If the contractions weaken the dose is repeated up to six or eight doses, at intervals of one-half hour. The important point is to administer a further dose before the effects of the previous one have passed off. The effects of a single dose appear to last only about one-half hour. . . The failures I had in the beginning were the result of not pushing the dosage far enough. It is perfectly safe to give eight to ten doses at one-half hour intervals."

This last sentence caused much surprise.

In a letter published in the same journal at a later date, written by Dr. Bradley, of Houston, Texas, we find the following: "Dr. Watson's attitude conveys the idea to my mind that the use of large doses of the drug begun and repeated several times before the cervix has become effaced, is perfectly safe. This is so decidedly contradictory to my ideas that I cannot refrain from criticising it. Dr. Watson has been lucky if he has used the drug in the early part of the second stage for a long period of time with no evil results. . . . I believe that if Dr. Watson's suggestions were accepted and followed by large numbers of practitioners, disastrous results might occur in many cases."

In a recent number of the *C.M.A.J.*, we find an

excellent article on the subject, evidently written by one who has considered carefully. The writer says that when obstetrical specialists approve of this easy method of overcoming difficulties, many of the profession may be less guarded in its employment than the writers would wish. The action of pituitrin may be likened to that of a southern thoroughbred hunter —a wonderful performer at times, but on some occasions extremely vicious and unable to be controlled.

During the last few years reports of cases ending disastrously following its administration have been not infrequent. The following are among accidents that have happened: ruptured uteri, premature separation of placentas, impacted face presentations, fatal asphyxia, uterine tetany, severe cervical and vaginal lacerations.

The writer does not condemn its use altogether, but advises caution.

We have not space now for further discussion, but we may say briefly that we approve of both Dr. Bradley's letter and the *C.M.A.J.*

CHILD PLACING

Probably no outside physician visiting Toronto in recent years has made a more favorable impression on the profession and the public than Dr. W. T. Chapin, of New York, who delivered an admirable address on " Caring for Dependent Children," June 18th. As mentioned in our last issue, the main feature was a recommendation that for a child a home was always to be preferred rather than an institution.

We have pleasure in publishing in this issue a portion of an address delivered by Mrs. A. D. Fisher in Toronto last March. We are sure that our readers will be very much interested in Mrs. Fisher's admirable account of the methods of child placing in the city of Toronto.

THE TREATMENT OF CANCER

We fear this is rather a bad season for those seriously ill, because hopes in the minds of unfortunates have recently been unduly exalted by the Faith Healers and the Cancer Curers. We have great respect for those who are working so faithfully in the interests of the sufferers, and we hope they will continue their good work, especially in Great Britain, France and the United States.

We are glad to give due credit to Dr. Glover of Toronto for the work he has been doing, but it is most unfortunate both for science and the suffering patients that his methods have come into the limelight in such an objectionable way. A serum, said to be discovered by him, is now being used in St. Michael's Hospital. As to the results, it is impossible, at the time of writing, to speak definitely, and yet the newspapers are full of the most objectionable items published in wholesale style.

From the standpoint of the patients alone, this is unadvisable, if not absolutely cruel. These are some of the headlines in large letters in Toronto papers: "Cancer Patients Markedly Better"; "All are Improved"; "Lessening of Pain and General Betterment is the Report."

But we can't help this publicity, say some. How do they avoid it in other research centres where similar work is done on a much larger scale with no publicity?

We have no desire to be personal, but it would seem fair to Dr. Glover to say a word or two. He has been an honest and conscientious worker for long, commencing ten years ago in New York, where he had good laboratory opportunities for research with experimentation. After these years of labor he meant to use a serum and he wished to do it quietly, but it soon became public property. How? It would appear that every reporter seeking information (legitimately, so far as we know) met some one at the hospital who told him "facts" as to the improvement in condition of the patients before it was possible to get actual knowledge. One house surgeon at St. Michael's appeared to spend a large part of his time telling things that he didn't know and could not possibly know, although he may have been sincere and honest in his foolish talk.

I may say this is simply an expression of my own personal opinion as I wish to indicate.

A. H. W.

THE FELLOWSHIP OF MEDICINE AND POST-GRADUATE MEDICAL ASSOCIATION

From a memorandum issued by the Post-Graduate Medical Association of London, England, in June, 1920, we extract the following portions. The Fellowship was founded in July, 1918, with a view to establishing a body which might unite the British profession with their overseas brethren in closer

bonds of sympathy, Sir William Osler acting as President to the time of his death.

At the offices of the Fellowship of Medicine the overseas medical man can obtain detailed information with regard to study in every branch of medical and surgical work. If he takes out the monthly ticket of the Fellowship practically every door in medical London is open to him. Intensive courses in various branches are now running throughout the year, and lectures are given day by day.

Application for copies of the official Bulletin is welcomed, and, if correspondents will state the particular subjects they are interested in, information of future arrangements will be forwarded from time to time. The offices of the Fellowship of Medicine and Post-Graduate Medical Association are at present at the House of the Royal Society of Medicine (by courtesy of the Royal Society of Medicine), No. 1, Wimpole Street, London, W.I., England.

LOUVAIN

The world is glad to learn that, so far as possible, Louvain will be restored almost in all its glory. In fact, the restoration has been so far accomplished that it even now holds its rightful place amongst the leading colleges of the world. Under the direction of the British Universities' Committee the library is being restored with wondrous rapidity. At the present time over 60,000 volumes have been received. The most important contribution was a Christmas gift of the British Universities—7,000 volumes of great value. During the last few months gifts have been pouring in from all parts of the world.

It is realized, however, by men of science, that the old library which was called the "soul of Belgium" during the middle ages, and which contained wealth of inestimable value, can never be restored. As stated by Pierre Van Paassen, these works of art and literature are lost forever since the Germans committed their unpardonable crime of destruction of the library.

We learn with surprise that the year of 1920 sees Louvain again with a student body of over 5,000 gathered from all parts of the world.

Cardinal Mercier stated during his visit to America last year that he had proof that the Germans actually planned the destruction of the "soul of Belgium" as a part of their gigantic criminal scheme to wipe out Belgium national existence and to transform the southern Netherlands into a German "Reichsland" as they did with Alsace and Lorraine in 1871.

STERILIZATION OF MILK BY ELECTRICITY

We have heard a good deal both in the old and new worlds regarding the sterilization of milk by electricity. We understand that considerable progress has been made in Great Britain. *The Hospital* (Eng.) contains an interesting article in its issue of June 5th. It presents certain tables which suggest that, unless immediately and rapidly cooled, pasteurization is as bad if not worse than untreated milk. This view is scarcely in accord with the opinions of some of our enthusiasts in Canada and

the United States who have held the extreme view that pasteurized milk was practically always safe.

The method employed is to allow the milk to flow along a tube into which project three electrodes flowing from the middle electrode to the other two. The factors which were varied in the preliminary experiments were: (1) the rate of flow of the milk; (2) the terminal voltage; (3) the amount of current used; (4) the temperature of the milk as it left the tube.

The results were satisfactory when: (1) flow of milk was 2 litres in 4 minutes; (2) terminal voltage about 3,000; (3) amount of current 0.5 amperes; (4) temperature of milk 63 ° C.

THE UNIVERSITY OF TORONTO

We publish on another page an abstract of a letter published in the *University of Toronto Monthly*, written by E. R. Cameron, of Ottawa. It contains a strong plea for a return to the old system of governance of the Provincial University, under which the graduates had a full representation on the governing body, the Senate. There is still a body called " The Senate " with some elected representatives of the graduates, but we understand that it has no power excepting in matters pertaining to the curriculum.

We think there can scarcely be any doubt that the Senate as formerly constituted was one of the best educational bodies in North America, or, indeed, in the whole world. The official list for 1901 contained

the following names: R. A. Pyne, Minister of Education, Sir William Meredith, Edward Blake, Sir William Mulock, Sir Charles Moss, James Loudon, Maurice Hutton, Principal Burwash, Principal Sheraton, Principal Caven, Ramsey Wright, Richard Reeve, John Galbraith, Larrett Smith, George Wrong, August Kirschmann, Alexander McPhedran, Alexander Primrose, Father O'Neil, J. J. Cassidy, Sam Blake, James Ballantyne, Sir Mortimer Clark, Andrew Bell, John Squair, Zebulun Lash, Gibb Wishart, William Oldright, W. P. Dyer, James Mills, James Willmott, W. H. Ellis, F. H. Torrington, Charles Heebner, Andrew Smith,—five ex-officio—the others representing University College, Victoria University, Wycliffe College, Knox College, different faculties, Law Society, etc., and the following twenty-six elected members: Alfred Baker, W. Dale, Sir John Boyd, Sir Alan Aylesworth, James Chisholm, Lorne McDougall, A. B. Macallum, J. H. Coyne, W. Houston, W. J. Loudon, C. J. Snyder, John King, Reynar, Bain, MacLaren, Carmen, Colback; Judges Riddell, Snyder, Chisholm, MacLaren and Street; W. H. B. Aikins, I. H. Cameron, J. M. MacCallum, A. Wright, C. H. Mitchell and John Henderson.

According to the official records in the latter part of 1918, the following constituted the Board of Governors, all, as we understand it, appointed by the Government: Sir Edmund Walker, Sir Joseph Flavelle, Z. A. Lash, Chester Massey, Bruce Macdonald, E. C. Whitney, J. O. Orr, T. A. Russell, R. W. Leonard, Rev. J. A. Macdonald, Judge Kelley, W. K. George, Home Smith, Eric Armour, C. H.

Mitchell, John Hoskin, Sir Mackenzie Bowell, D. Miller, Judge Snyder and A. E. Gooderham.

It would appear that Mr. E. R. Cameron, of Ottawa, thinks that the former governing body, the Senate, was likely to take a deeper and more intelligent interest in the affairs of the University than the Board of Governors as at present constituted. The present board is composed of very admirable men, as, we believe, all admit, but rumor says that half of the members take very little interest in the University and scarcely ever attend the meetings. A great many will agree with Mr. Cameron in thinking that the radical change from democratic to bureaucratic methods has not produced fortunate results.

GRADUATE REPRESENTATION ON UNIVERSITY GOVERNING BODIES

To the Editor, *University of Toronto Monthly*:

No one of the old graduates will ever forget the love and devotion for his Alma Mater which filled his breast as he left Convocation Hall for the last time, hugging his parchment and with perchance a medal or two in his pocket. How enthusiastic we were and how seriously we took our franchise as graduates! How important we deemed it that the best of our number should be elected to the Senate! Alas! these days are gone for ever.

Who is responsible for this? The graduates or those who have control of the University?

A survey of her history during the last forty years leads one to the conclusion that this fault does not rest with her children, but has followed a course of legislation which has deprived the University of the assistance and support of her great graduate body; and what was formerly one of the most democratic universities in the world, now is essentially bureaucratic in its government.

The glory of a University is her graduate body.

By the statute of incorporation passed in 1853, it was expressly provided that the University of London should be her model and to this day the charter of that old University provides that the Senate shall be the supreme governing body, "shall administer all University property and have the entire conduct of the University and all its affairs." The University of London statute also provides that the Senate shall consist of the Chancellor and other members appointed as follows: Four by Her Majesty, seventeen by Convocation of graduates, the remainder by the faculty of the University, with two from the Royal College of Physicians and Surgeons, one by each of the four Inns of Court, one by the Corporation of London, and one by the Council of the City.

In 1873, under the wise and liberal administration of the Hon. Adam Crooks, Minister of Education, himself a graduate of the University, the charter was placed on an equally liberal foundation with that of London. By 36 V. Chap. 79 the corporation of the University was declared to consist of the Chancellor, the Vice-Chancellor and members of the Senate and Convocation of graduates. Of these the most important was Convocation in that it elected the Chancellor, and fifteen members of the Senate out of a total of twenty-five. The Government was satisfied to appoint only nine.

The Act made elaborate provision for a register of the graduates and the taking of their votes. The University then entered upon a brilliant career. Where all then was life, now there is death. It is safe to say there is not a real live graduate organization in the Province outside of Toronto, notwithstanding the efforts made by loyal and enthusiastic graduates to keep some life in the decrepit body.

What is the cause? I firmly believe it is largely the legislation which has practically eliminated the graduate body from all effective control in the affairs of the University. By the present statute passed in 1906, and now R.S.O. 1914, Chap. 279, the substantial control of the University is vested in a Board of Governors, all of whom are appointed by the Lieutenant-Governor except the Chancellor. There is a Senate in name, but shorn of its former powers. Under the old statute it had "the management and superintendence over the affairs and business of the University." By the present Act it is declared that "the government, conduct, management and control

of the University and University College and of the property, revenue, business and affairs thereof shall be vested in the Board."

If the University of Toronto is to be a truly provincial university, and not a purely local institution, the graduate body outside of that city must be encouraged to take a more active interest in its affairs.

(Signed) E. R. Cameron.

Ottawa, April 22nd, 1920.

News Items

THE CANADIAN MEDICAL ASSOCIATION

We have much pleasure in stating that the 51st annual meeting of the Canadian Medical Association held in Vancouver June 21 to 25th was successful in all respects, and was probably quite beyond expectation. We understand that there were nearly 600 registered. In fact, the physicians of the west showed what they were able to do in the way of holding a tip-top medical meeting in these modern days. The large attendance was chiefly due to western enthusiasm as shown by the large number who put in an appearance from the districts west of Winnipeg.

We cannot quite agree that the decision to hold the next meeting at Halifax was a wise one. Although Halifax is one of the most charming cities of Canada, and its physicians are quite up-to-date, it has never been able to draw a large number to any of its meetings. We may be wrong, and we hope we are, inasmuch as the writer has really a great personal fondness for that beautiful city of Nova Scotia, and will certainly have great pleasure in attending the meeting next summer, if possible, and in recommending all his friends to do likewise.

While the chief interest lay in the proceedings of the C.M.A. the sessions of the other societies were largely attended—that is, of the Canadian Tuberculosis Association, Public Health Association, National Venereal Diseases Council, and National Committee for Mental Hygiene. We hope to furnish much valuable material from these various associations in future issues.

We are glad to announce that a new department of Industrial Hygiene has been created in the Department of Health, and Dr. D. G. Cunningham, of Toronto, has been appointed as its head.

It will be the duty of the new department to investigate dangerous trades and report to employers methods of obviating danger to workmen and advising the latter how to avoid accidents. The very important subject of factory sanitation will come under the jurisdiction of this department. Dr. Cunningham is a war veteran and served overseas with both Canadians and Imperials.

RESULTS OF JUNE EXAMINATIONS OF MEDICAL COUNCIL OF CANADA

The following candidates have passed the examinations held in June in Toronto, Winnipeg, and Vancouver, and will be registered on the Canada Medical Register. This gives the qualification for license in every province in Canada.

A. E. Alden, Shawinigan Falls, Que.; D. Black, Victoria, B.C.; D. F. Busteed, Rochester, Minn.; W. N. Campbell, Calgary, Alta.; G. D. Chown, Dubue, Sask.; G. B. Cross, St. John's, Nfld.; W. A. Dafoe, Madoc, Ont.; C. S. Dickson and W. B. Dickson, Niagara Falls, Ont.; W. A. Dobson, Vancouver; F. J. Donnelly, St. John, N.B.; M. S. Driver, Vancouver; C. M. Eaton, Truro, N.S.; F. D. Facey, Millet, Alta.; K. C. Forsyth, Ottawa; A. F. Gillis, Merritt, B.C.; J. E. Harvey, Kelowna, B.C.; G. L. Hodgkins and W. E. Johnson, Toronto; G. D. Little, Montreal; G. Lowry, Carp, Ont.; E. Lozinsky, Montreal; F. L. Letts, Glanworth, Ont.; W. M. Leys, Toronto; A. C. MacMillan, Avonmore, Ont.; Dorothy Miller, Scotland; L. A. Miller, Edmonton; W. Morrish, Sceptre, Sask.; R. C. McCullough, Vancouver; A. L. McDonald, Sylvan Lake, Alta.; P. D. McIntosh, Toronto; J. R. W. Nicholson, Winnipeg; G. Upham, Miocene, B.C.; W. F. N. Rodin, Winnipeg; K. F. Rogers, Toronto; E. E. Rogers, Vancouver; P. H. Salmond, Regina, Sask.; L. E. Sauriol, Lancaster, Ont.; Margery Stauffer, Winnipeg; A. Upham, Miocene, B.C.; W. P. Warner, St. Thomas, Ont.; J. A. West, England; C. F. Wright, Smooth Rock Falls, Ont.; E. R. Ziegler, Vancouver.

CORPS ORDERS

By Major-General G. L. F. Foster, C. B.

Acting Director-General of Medical Services.

Ottawa, June 28, 1920.

Major-General J. T. Fotheringham, C.M.G., upon retiring from the duties of Director-General of Medical Services, desires to take leave of all officers, nursing sisters, and other ranks of the medical services, both those who are still serving and those who have been demobilized, but who have at any time served under him

He is deeply sensible of the constant loyalty and high effi-

ciency of the service as a whole, both overseas and in Canada, and of his indebtedness as officer administering the service in Canada to the personnel as a whole.

The memories of the great war, with its priceless opportunities for serving king and Empire and native land, will remain an inalienable asset to us all, and particularly the good-will shown by the service and by the profession generally to those who have been carrying the heavy burdens of responsibility for policy and administration, both at headquarters and in the districts.

NATIONAL COUNCIL FOR MENTAL HYGIENE

Dr. E. C. Clarke, of Toronto, at a meeting of the Council for Mental Hygiene, held in Toronto, July 9th, spoke in the highest terms of the work which is now being done in the western provinces in providing for the care and education of the feeble-minded. He thought the best educational work was probably done in British Columbia and Saskatchewan.

In B.C. they have established 15 classes for defective children in Vancouver. He was especially pleased with the institution known as the "Boys' Village," where defective children are sent to be educated. The institution is situated on a block of land containing 1,300 acres beautifully wooded and with every facility for educational purposes. In the main building living quarters are so arranged as to provide accommodation for 50 children in each unit, and meals are served for all in a central dining hall. There are also administration buildings, amusement centres, and a gymnasium.

The village does its own dairying and has a very fine herd of cattle.

A new model school which will serve as a model for all the schools of the Province of Saskatchewan, has been erected at Aurora, Sask. It is equipped with modern sanitary and heating apparatus.

The officers elected for the Toronto branch include the following: President, Canon Plumptre; Vice-Presidents, Father Minehan and Dr. Margaret Patterson; Secretary, Dr. Eric Clarke; Treasurer, Dr. T. R. Robinson; Council, Mrs. J. B. Laidlaw, Dr. E. A. Bott, Miss L. Brooking, Mr. W. D. Gwynne, Mrs. W. B. Meikle, Judge Mowat, Dr. G. Anderson, and Miss Mann.

SEX HYGIENE PAMPHLETS

Free copies of the following pamphlets may be obtained from Dr. McCullough, the C.O.H. of Ontario, on request:—

1. Facts on Venereal Diseases.
2. Facts for Young Men.
3. Facts for Boys.
4. Facts for Parents.
5. Facts for Girls.
6. Facts for Teachers.
7. Facts for Business Men.
8. Facts for Nurses.

"Scientists tell us that there is always a danger of reversion to inferior types; so in matters of government there is constant danger of usurpation of arbitrary power. We cannot too often reiterate or too strongly emphasize the warning of that great pro-American English statesman, the immortal Irishman Edmund Burke:—

"'Liberty to be enjoyed must be limited by law; for where law ends there tyranny begins; and tyranny is the same, be it the tyranny of a monarch or of a multitude; nay, the tyranny of the multitude may be the greater since it is multiplied by tyranny.'"

We quote the above from a paper entitled, "Why the 'Lawes of Virginia,'" which was read by Dr. J. Murray Clark before the Æsculapian Club of Toronto last winter. This paper was published in the June number of the "Virginia Law Register," where the following reference is made to the author:—

"We are very sure that the readers of Dr. Clark's address, which we publish as our leading article in this number, will be as much pleased with the perusal of it as we are with the opportunity to publish it. J. Murray Clark, K.C., LL.B., LL.D., is a prominent lawyer of Toronto, Canada. He is a loyal and outspoken friend of the United States, and is a strong favorite with the American Bar Association."

The Hastings County Medical Society held its July meeting in Madoc. Two papers were presented, one on the treatment of empyema, by Dr. F. A. Clarkson, Toronto, and the other on eclampsia, by Dr. W. A. Scott, Toronto. The attendance was good and the discussions spirited.

THE MAN AND THE HOUR

Opportunity, George Eliot said, is but an unfecundated egg to the man who can't use it; but what it is to the man who can and will was strikingly demonstrated in the life of Gen. William C. Gorgas. In 1899 he was an army surgeon, 45 years old, who had by faithful work and seniority attained a majority. Having had the good fortune to contract and recover from an attack of yellow fever early in his army life, he was sent as an immune to Havana with the Army of Occupation. There he, in common with other army surgeons and Colonel, now General Wood, was pestered by Dr. Finlay to try out the latter's theory of the mosquito transmission of yellow fever. Sceptical, if not scornful, at first, the army authorities were annoyed by Finlay's persistence; but finally, like the woman who is said to marry a man to get rid of him, they yielded and appointed the Walter Reed Commission to test the matter. Major Reed's capital work having demonstrated conclusively the agency of the mosquito in the propagation of yellow fever, it devolved upon Major Gorgas, as sanitary officer of the city, to put the new knowledge to practical use. How he responded to opportunity's call and how this response brought out his latent abilities and sharpened his reasoning faculties, and the brilliant results which he achieved then and there and later at Panama and on the West Coast of South America, are facts of history known to the whole world. Opportunity knocked and Gorgas opened wide the door, winning for himself undying fame and the gratitude of a regenerated tropical world.—*Medical Record.*

THE MEDICAL PROFESSION FIFTY YEARS AGO

Dr. Nathaniel Blaker has published an interesting book giving his reminiscences of his medical career in Sussex county, England, 50 years ago. The *Spectator* (England) tells us that his general view of life and of changes wrought might be summed up in the remark made by his uncle: "Men are very much altered since I was a boy; they swear less and lie more." In former days the working classes were men of good common sense, with generally a keen sense of humor. "Where do you think drunkards will go to, Mrs. Sough?" said the Rector of Poynings, to an old lady whom he met returning from the

public-house, and for whom the road was scarcely wide enough. "Where there's a drop of good liquor to be had, sir," was the prompt reply.

The following description of hospitals and their management in those days will be found interesting:—

The walls of the wards were whitewashed, there was no attempt at ornamentation, the floors were of deal boards with wide interspaces, and these were occasionally scrubbed. The food was good and stimulants were prescribed freely. The beds were very close, with small cubic space for each. Both nurse and patients conspired to keep the windows closed, especially at night, night air being considered injurious. The smell was, consequently, sickening, and erysipelas and pyæmia were almost always present in a greater or less degree. Arteries were secured with waxed silk ligatures, one end of which was cut short and the other hanging out of the wound; when they separated at about the ninth or tenth day there was frequently secondary hæmorrhage, half-healed stumps were torn open, and the almost impossible task of securing a vessel in the midst of granulations, which bled on the slightest touch, was attempted. Wounds were usually dressed with wet lint, which constantly from neglect (it was almost impossible to keep it wet) became dry, but frequently stumps even on the second day were poulticed, a copious excretion of yellow, "pus laudabile," being thought to prevent erysipelas. There were about three or four sponges in the ward, which were used for all patients, one after another, almost without washing. . . . Primary union in wounds was almost unknown, and the suppuration in the larger wounds such as amputations (which were much more common in those days than now) was enormous, often many ounces daily. Ventilators and blocks placed in the window-frames so that the sashes could not be quite closed produced a great improvement, but septic cases still occurred. . . . The nursing of that day was very imperfect compared with the present system of highly-trained nurses. There were no sisters, and the head nurse was generally a woman of ordinary intelligence who had worked her way through the grades of scrubber and under-nurse. They did ordinary nursing fairly well, were very attentive to patients, and took much pride in their wards. . . . About this time two inventions came into general use, the clinical thermometer and the hypodermic syringe, which have had so great an influence on medicine and surgery that it is difficult to realize how we could have got on without them."

Personals

Dr. Bryce McMurrich returned to Toronto from China, July 13th.

Dr. Crawford Scadding, of Toronto, left on a trip to England, July 19th.

Dr. Goldwin Howland, of Toronto, spent a few days in Montreal about the middle of July.

Obituary

J. T. S. HALLIDAY, M.D.

Dr. Halliday, of Peterborough, was widely known in Peterborough and the surrounding counties, and was greatly respected by all with whom he came in contact. He graduated M.D. from McGill University, in 1865. He retained his mental faculties and did a certain amount of practice up to the time of his last illness. He died July 4th, and was aged about seventy-seven.

Many physicians of Canada and the United States who were acquainted with Dr. J. H. Fullerton, were filled with regret on hearing of his death which occurred in London, England, after a short illness in June, aged sixty-four. He was educated at Edinburgh and Leipzig, and was, for some time, a lecturer at Glasgow University.

JOHN FRANKLIN CAMPBELL, M.D.

Dr. J. F. Campbell died in Chicago, July 13th, aged fifty-six. He was born in Toronto, educated in the Toronto School of Medicine, and graduated M.D. from the University of Toronto in '86. He practised for many years in Toronto and then removed to Chicago, where he practised as a specialist on diseases of the eye, for many years.

J. J. HARTY, M.D.

Dr. J. Harty was well known and very popular with a large number of physicians in Ontario. He gradnated M.D. from Queen's, but did not practise medicine for any length of time. He was a son of Hon. Wm. Harty, a well known physician. The doctor engaged in business, and was for a time President of the Canada Locomotive Company. He died in London, England, May 25th.

C. D. CLARK, M.D.

Dr. C. Day Clark, of Toronto, died at his home, 121 Bernard Avenue, July 5th, aged fifty-seven. He was for over twenty years physician for the Independent Order of Foresters.

JAMES HUTTON, M.D.

Dr. J. Hutton, one of the oldest practitioners in Ontario, died in Forest, Ontario, July 2nd. He gradnated from Victoria University in 1863.

JAMES McDERMITT, M.D.

Dr. J. McDermitt died at his residence, Sunderland, June 30th, aged seventy-five. He graduated M.D. from Victoria University, 1870.

MAJOR-GENERAL GORGAS

Major-General Gorgas, for many years Surgeon-General of the United States Army, died July 5th. He was chiefly distinguished for the great work he did in driving miasma from Havana and making the Panama Canal Zone safe for human beings.

Professor John Macoun, who lived for many years at Ottawa, and was well known in all parts of Canada as a distinguished botanist, died at Sidney, B.C., July 18th, aged 90. Professor Macoun and his wife, who survives, left Ottawa for residence in Sidney eight years ago.

Book Reviews

Sexual Impotence, by Victor G. Vecki, M.D., San Francisco, California. Sixth Edition. 12mo of 424 pages. Philadelphia and London: W. B. Saunders Company, 1920. Cloth, $3.00 net. Canadian Agents, The J. F. Hartz Co., Limited.

A few years ago such a work as this was looked upon as pornographic, the condition which it describes was considered either a punishment for sin or an act of God, in either case beyond the power of medicine, and therefore the whole subject received scant courtesy at the hand of the physician. But as time goes by, this viewpoint is altering. Furthermore, the careful study of the subject has resulted in relief to some of these sufferers and is thus worth while. This is as good a work as there is on the condition.

Pasteur—The History of a Mind, by Emile Duclaux, late member of the Institute of France, Professor of the Sorbonne and Director of the Pasteur Institute. Translated and edited by Erwin F. Smith and Florence Hedges, Pathologists of the U. S. Department of Agriculture. Octavo of 363 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1920. Cloth, $5.00 net. Canadian Agents, The J. F. Hartz Co., Limited, Toronto, Ont.

Emile Duclaux, the pupil and friend of Pasteur, was one of France's greatest scientists—and, perhaps, her most distinguished teacher of science. After Pasteur died, in 1895, Duclaux was unanimously elected Director of the Institute, and was generally considered a worthy successor of his great master. He tells us in this work, which we are informed is well translated, Pasteur's chief aims in life, many of the difficulties and obstacles he encountered, and the wonderful work he accomplished. Those who have read Mrs. Devonshire's translation of Vallery Radot's "Vie de Pasteur," and Stephen Paget's delightful "Pasteur and after Pasteur" will read Duclaux with much pleasure—while those who have not had such good fortune should certainly read the book now placed at their disposal.

OUR LONDON LETTER

(*From Our Own Correspondent.*)

London, June 7, 1920.

First Annual General Meeting of the Society for Prevention of Venereal Disease.

The annual general meeting of the above Society was held at the Barnes Hall, Royal Society of Medicine, 11 Wimpole Street, on Thursday evening, June 3, 1920, the President of the Society, Lord Willoughby de Broke being in the chair. Lord Broke, in his address, stated that the origin of the Society was a certain White Paper which was published by the Government some months ago, setting forth the official view with regard to what was then called prophylaxis in relation to the treatment of venereal disease. That White Paper was issued as an account of the deliberations of an inter-departmental committee which was appointed for the purpose of inquiring into the subject. The whole purport and essence of the Government report and the whole complexion and attitude of the official point of view was dead against the policy of immediate self-disinfection as a prophylaxis against venereal disease, which had undoubtedly proved to have been a success. Lord Broke throughout his address contended that the official policy of the Ministry of Health, as represented by the National Council for the Prevention of Venereal Disease, was inconsistent, insomuch as after it had been demonstrated that the influence of moral sentiments had not checked promiscuous intercourse and venereal infection in Great Britain was proceeding at an alarming rate, its members first advised against self-disinfection, and then approving it to a partial extent, recommended its adoption in a half-hearted manner. As the speaker pointed out, if moral prevention fails, as it had failed, there remains medical prevention which is of two kinds, delayed or immediate. The Government or official policy is that of delayed disinfection which it is proposed to carry out at ablution centres erected for the purpose of receiving those who have been incontinent, where they shall be treated by a skilled attendant. Lord Broke criticized the suggested policy as impracticable, impossible and even grotesque. As Dr. Mearns Fraser, the Medical Officer of Health for Portsmouth, and through whose influence

and advice the town council of that large town has adopted the policy of early self-disinfection, points out if people are to know where ablution centres suggested by the Government are, they must be placed in a conspicuous situation in order that people may know where to go. But at the same time if the situation is made sufficiently conspicuous to attract attention, it is also so conspicuous that no person would care to be seen entering an establishment of the kind. And if the argument holds good in a town it is peculiarly applicable to a rural district. What an opportunity the ablution centre would afford the blackmailer and the spy. However, there are no ablution centres available and therefore it will be like tilting at windmills to attempt to demolish what does not exist, and in the meantime venereal infections are proceeding at an alarming rate. The Government has also given evidence of an inconsistent policy, for while excluding self-disinfection from its programme it has committed itself to immediate self-disinfection to this extent, by allowing that it is a good thing immediately after having connection to wash oneself thoroughly with soap and water. Well, if with soap and water, why not with permanganate of potash, and if with permanganate of potash why not also use the inunction of calomel cream? In the opinion of the speaker, the only safe, the only human, the only statesmanlike course is to recognize the fact that in spite of all preaching and lecturing and incitement to lead a healthy life have at present failed to suppress the sexual instinct to such a degree as to have any effect upon the incidence of venereal disease and that, therefore, if you are to attack venereal disease, you must attack it at a place which is so well called by Colonel Harrison, the weakest, and the weakest link in the chain of infection is immediately after the connection has taken place. Hence the whole aim and object of the Society for the Prevention of Venereal Disease is to urge the Government, to bring pressure upon the Government, to bring pressure on all public bodies to issue such instructions to men and women that will enable them to take advantage of the latest teachings of science in order that they may themselves use immediately after connection, if connection there must be, such simple disinfectants as are known to, and have been proved to be efficacious in destroying immediately the spirochæte and the gonococcal germ.

The chief *raison d'etre* of the meeting, however, was to re-

commend that a certain clause which at the last had been inserted in the Venereal Disease Act, of 1917, should be rescinded. The gist of the clause when relieved of its legal verbiage is, that on and after November 1, 1917, a person shall not hold out or recommend to the public by any notice or advertisement anything for the prevention, cure, or relief of any venereal disease. This clause was obviously intended to prohibit a druggist from treating venereal disease or from recommending any mode of treatment. But it stands in the way of legal sale by druggists of self-disinfectants for prevention of venereal disease.

Now it is possible that the provision with regard to druggists not being allowed to sell anything for the prevention of venereal disease can be set on one side if the sanction of the Local Government Board is obtained, and what the Society for the Prevention of Venereal Disease say is that inasmuch as certain simple disinfectants have been proved and are admitted to be efficacious, even by those who are not friendly to the policy of self-disinfection, the only common-sense policy to prevent people getting hold of the wrong thing is to call upon the Government to withdraw their veto upon druggists supplying disinfectants against venereal disease. The following resolution was then introduced: "That inasmuch as the Ministry of Health has failed, and public bodies, including the London County Council, have declined, to provide the means for delayed disinfection against venereal disease at ablution centres, this meeting calls upon the Ministry of Health and upon local authorities to instruct all qualified druggists to sell such means of immediate self-disinfection against venereal disease as may be approved from time to time by the Ministry of Health or by Medical Officers of Health." Dr. C. W. Saleeby seconded the resolution which was supported by the *orator facile princeps* of the English Medical Profession, Sir James Crichton Browne.

Sir Frederick Mott, in a short speech, said that he should like to say, as pathologist to the London County Asylums, that he has seen the effects of syphilis for a great number of years. For a long time past it has been his business to prove that general paralysis of the insane is solely the result of syphilis. If syphilis could be got rid of, so also would general paralysis, locomotor ataxy and a great number of nervous diseases. He expressed himself as perfectly certain that the statement of Sir James Crichton Browne that the disabilities produced by

syphilis are colossal and from an economic point of view Mott is perfectly certain that it would be of the greatest value to the Government to do all in its power to support this propaganda both from health and economic points of view. The resolution was carried unanimously. The report of the treasurer, Sir Arbuthnot Lane, was passed without being read. Sir Arbuthnot said that he would like to point out that the Society is one of the most wonderful societies that ever existed. It ought to be called the Suicide Club. Men have been got together who make a living out of this disease, men whose interest it is that this disease should continue to be rampant. The Society is supported almost entirely by funds obtained from these men. He thought it the most altruistic and philanthropic endeavor that has ever been made in the history of the world and he deemed it a pity that the Society should have to depend for support on these friends from whom it had to beg to provide subscriptions to keep things going. The Society is not in the interest of the medical profession, but in that of the public, and he thought every attempt should be made to obtain from those who are to gain most from it what the profession is going to lose. He suggested, therefore, that the public should be appealed to for financial support as it cannot be expected that the Society should carry on its work on funds wholly supplied by its medical friends.

The Society, it may be said, was conceived and its conception carried into execution by one man, the honorary secretary, Mr. Wansy Bayly. Mr. Bayly has labored by day and night for its success and is still laboring, and it is gratifying to know that his efforts have been crowned with success and his confidence in the views justified. Mr. Bayly's report, extremely well written, is deeply interesting and shows how in the face of many and great difficulties he never swerved from the object, and as he says: "The Society is now established on the solid rock of the sympathy of the thinking public and partly on the somewhat shifting sands of financial support by voluntary contributions." In the course of his report the author draws attention to the fact that current medical literature is almost entirely with the Society. The editorials of the *Lancet, Public Health, Medical Press and Circular, Medical Officer, Medical Times* and *National Health,* make it quite evident that these journals recognize the supreme importance of immediate self-disinfection as a method of preventing venereal disease.

American medical papers are mostly sympathetic. Branches of Trade Unions are showing a keen desire to hear lectures on the prevention of venereal disease and Mr. Bayly is now giving two or three lectures a week to most appreciative and intelligent audiences.

Indeed, it appears that the views of the Society are rapidly gaining ground. There is little doubt that immediate disinfection is effective and it is equally evident that venereal diseases at the present time constitute a grave menace in every civilized country, and for that matter of almost every uncivilized country and, moreover, that these insidious and deadly diseases manifest no signs of abatement. Universal continence, or even continence on a large scale, is a Utopian dream and moral scruples will bring neither to pass. They have had little or no effect up to the present time. As said before immediate self-disinfection has been tested successfully, that is in armies, and if the method can be employed with fair success among a civil population, why should it not be put into effect? - The difficulties are with regard to successful application among civilians and among women in particular. Mr. Bayly and members of the Society versed in the prevention and treatment state that immediate self-disinfection can be applied with, at any rate, satisfactory results among civilians, results which will decrease the prevalence of venereal diseases. If the method once obtains a hold and is improved upon, as it doubtless will be, there is cause for hope that lues in all its forms may be stamped out. The experiment at Portsmouth in this direction will be watched with keen interest. When this letter was commenced it was only intended to devote a part of it to the venereal question. However, the writer's pen appears to have somewhat run away with him. Perhaps, no apology is needed for the venereal problem is international, on the whole, the most important of the day.

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Selections

Septicaemic Endocarditis

According to E. Münzer (*Zentralbl. f. inn. Med.*) Von Funke and G. Salus have recently described cases of mild endocarditis in a large proportion of which the *Streptococcus viridans* was isolated from the blood. Unlike the cases previously described by Münzer, there was no history of rheumatism; rigors, well marked tachycardia, and enlargement of the spleen were absent, and all the patients without exception—thirty-eight in number—recovered. Münzer concludes that the presence of streptococci in the blood of patients suffering from endocarditis does not justify any prognostic conclusions. On the other hand, the occurrence of rigors and enlargement of the spleen are very unfavorable signs. In all cases of septicæmic endocarditis which can be detected at an early stage by examination of the blood, treatment by anti-streptococcal serum should be tried first, and should be followed by intravenous injections of collargol and salvarsan. Finally, removal of the spleen should be considered.—*British Medical Journal.*

Diabetes and Exophthalmic Goitre

The combination of diabetes and Basedow's disease is probably infrequent, but when the two morbid processes are present in a patient the circumstance should not be regarded as fortuitous. In fact, in these cases an alternation of the attacks of Basedowism and paroxysms of the diabetes is observed, which gives a distinct impression of a true morbid association. In this association one may meet with all the types of severe diabetes, with more or less marked acidosis and also slight disturbances which can only be revealed by testing the patient by the production of alimentary glycosuria.

But the diabetes in exophthalmic goitre possesses an aspect peculiar to it. It would seem that the glycosuria is more persistent and resistant to treatment and more independent of diet than in ordinary diabetes. On the other hand, the relationship between the two types of paroxysms is varied, and one occasionally observes the outbursts of progress in the evolutions of the diabetes coinciding with those of the goitre, and

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the only thing convenient at the moment. Intended it for a temporary dressing until the ordinary substances used in such cases could be obtained. The relief was so great and instantaneous that the dressing was allowed to remain until a later visit, when upon its removal twelve hours after, the skin was found to be white and free from inflammation. Another application was allowed to remain for twenty-four hours. When discontinued there were no blisters, no redness, nor any evidence of the burn, excepting the eyelids and around the eyes where the Antiphlogistine had not been applied. Have used this preparation again and again in burns of the first degree with invariably good results."

F. E. C., M. D.,
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the diabetes increases when the goitre begins to give rise to the symptoms of Basedowism or itself becomes more marked. It has been noted that the diabetes and exophthalmic goitre arise at times in the same family. The diabetes in Basedow's disease becomes complicated with acidosis with the greatest ease, and the drugs which act on the goitre—sodium salicylate, quinine, iodine—likewise act on the glycosuria. Dr. Marcel Labbé is of the opinion that the diabetes of exophthalmic goitre is the result of a functional disturbance of the thyroid gland. In his opinion it is a thyroid diabetes. It has been pointed out by some observers that intensive thyroid opotherapy in obese or myxedematous subjects sometimes results in the appearance of a Basedow syndrome with glycosuria.

Garnier has communicated the results of some experiments along these lines to the *Société de Biologie* of Paris, in which he noted that following the exhibition of adrenalin and thyroid extract to animals, a more intense glycosuria developed than when adrenalin had been given alone. Linossier has corroborated Labbé's opinion and points out that in Basedow's patients submitted to an intensive ingestion of glucose, an alimentary glycosuria is frequently observed. He is of the opinion that in utilizing sugar many organs come into play—the liver, pancreas, suprarenals, thyroid and hypophysis—and that it is this very complexity which makes the study of the pathogenesis of diabetes so difficult.—*New York Medical Journal.*

Primary Cancer of the Lung

Roubier and Brett (*Lyon méd.*), report the case of a syphilitic man, aged 51, who presented the following symptoms: (1) A mediastinal reaction shown by œdema of the face and arms, intermittent dysphagia, and dyspnœa without hoarseness. The apex beat was in the nipple line and the two pulses were equal. (2) Considerable enlargement of the liver with jaundice. (3) Dullness of the right pectoral region, due partly to a sero-fibrinous effusion, but mainly to a large non-pulsating mass sharply defined on radioscopy in the right side of the thorax. (4) A hard mass palpable in the supraclavicular fossa, which did not appear to be a gland but a prolongation upwards of the thoracic tumor. At the necropsy a large tumor was found formed by the upper lobe of the right lung, and a mass involving all

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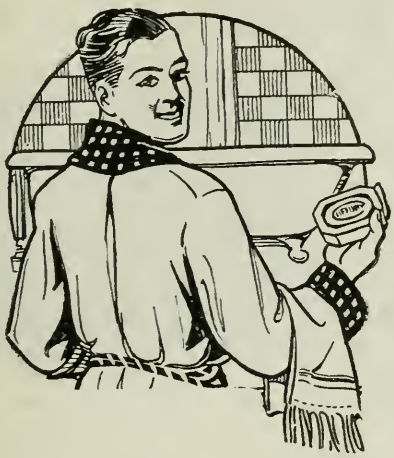
the mediastinal organs. A similar tumor was found in the pancreas compressing the bile ducts. The diagnosis of aneurysm was at first suggested during life, but the presence of a supraclavicular mass on the right side was in favor of mediastinal cancer. The signs in the mediastinum predominated over those in the lungs, as is characteristic of the mediastinal form of primary cancer of the lung. The jaundice might be attributed to arsenical treatment, rather than to compression of the bile ducts by a pancreatic nodule. Histologically the growth was an atypical epithelioma.—*British Medical Journal.*

Zinc Oxide in Diarrhoea

G. Durand and Dejust (*Presse Médicale*) state that zinc oxide acts better than the astringent agents generally prescribed in acute diarrhœa. Its effect is rapid and progressive, and is due to its precipitant action on mucin and serum albumin. It also possesses antispasmodic properties. Its beneficial effects are likewise exerted in mucous colitis. It acts well in combination with opium, in cases in which the latter is indicated owing to pain.—*New York Medical Journal.*

Surgery of the Heart

In the Bradshaw lecture delivered before the Royal College of Surgeons, December 18, 1919, Sir Charles Ballance emphasized the fact that the great advance in this department of surgery is shown by the considerable number of recoveries after surgical intervention for wounds of the heart. He regretted that unsuccessful operations are not as frequently recorded as successful ones, because more can be learned from failures than from successes. A note of warning was uttered against attempts at paracentesis of the pericardium through the chest wall. Any surgeon who tries to do this runs the grave risk of puncturing the heart walls. When fluid accumulates in the pericardium it bulges the sac laterally, and it matters not how great the effusion may be, the cardiac apex remains close to the chest wall. If it is found necessary to draw off the fluid from the pericardial sac, it should be exposed and the puncture made at a spot which has been felt by the finger to be separated by a substantial depth of fluid from the heart. After or during the



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operation, even though the heart should cease to beat for a time, recovery is possible. On one occasion the patient survived after the beat had ceased for twenty minutes. As an example of the tenacity of life and of the capacity of the heart to recover its function after complete arrest of its action, the following experiment was cited. A dog was deprived of all his blood and as a result the heart stopped beating, the respirations ceased, and the animal to all appearances was dead. In half an hour a connection was established with the vascular system of another dog and blood allowed to flow into the seemingly dead animal. The heart quickly commenced to beat and the dog recovered completely. This experiment also serves to demonstrate the value of transfusion of blood.—*International Journal of Surgery.*

The Psychic Factor in Anaesthesia — Death in Status Thymicus

Since sudden death from trivial causes occurs equally in subjects with and without enlarged thymus, some third factor must be invoked to explain the primary syncope which precipitates the fatal issue. It is possible that this is a neuro-psychic excitability resulting in predisposed subjects from the suggestion of the approaching operation or the narcosis which is to precede it. This mental state may or may not be akin to that which is seen in Grave's disease before operation. At a recent session of the Anatomical Society of Paris (*Bulletins et mémoires de la Société Anatomique de Paris*), Bretignier reports a case of operation on a patient with salpingitis, aged 25, and with sound heart and lungs. She had begun to inhale chloroform and at the expiration of 6 minutes, after having inhaled 6 or 7 gms., there was sudden arrest of the heart's action. Despite all attempts at resuscitation the swoon proved fatal. Autopsy showed absence of any compression of the trachea but the thymus weighed 30 gms., just after removal. Its dimensions were 11 cm. by 7 cm. The author mentions similar cases, including two others by Lapointe, who was the operator in the present case, in which the weight of the organ exceeded 20 gms. All three of these patients had shown marked nervousness and anxiety at the beginning of anæsthetization.—*Medical Record.*

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Miscellaneous

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the tired school child, whether girl or boy, is extremely liable to become vitally depressed, worn out, both physically and mentally, and more or less anæmic. With the coming of warmer weather, this depreciated condition becomes accentuated and it is the part of wisdom to take steps to build up the tone of the organism, enrich the vital fluid by creating new red cells, and hemoglobin, and employ every available means adapted to reconstruct the cells and tissues and restore the depleted vitality. Pepto-Mangan (Gude) does yeoman's service in such condition, by furnishing an agreeable, absorbable, and assimilable organic combination of iron and manganese, the agents most needed for blood repair, and general reconstruction. It is pleasant to take, and does not irritate the digestive organs nor cause constipation.

A very valuable and interesting work has just been published by The Macmillan Co., New York. It is entitled "The Treatment of Syphilis," and is from the pen of H. Sheridan Baketel, A.M., M.D. The volume covers very thoroughly and convincingly the field of intravenous and intramuscular medication, and the administration of arsphenamine or neoarsphenamine. It gives in minutiæ, step by step, the proper methods for the actual introduction of arsenical products into the system.

Speaking of the after treatment in cases where intramuscular injections have been given, the author says:

"In England and on the Continent it is the habit, after giving an intramuscular injection, to cover the surrounding parts with sterilized absorbent cotton fixed with elastic collodion. The patients were instructed to rest in bed for twenty-four hours, and according to reports, the majority of them complained only of stiffness in the hip and thigh, and occasionally of pain in the lower extremity.

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tire gluteal surface with a thick layer of properly heated antiphlogistine and to cover this with gauze, and over that absorbent cotton. This application seems to work well following the intramuscular injection and, not only aids in the prevention of pain and to a considerable extent prevents any abscess formation, but enables the patient to attend to his ordinary affairs."

Dr. Baketel is professor of Preventive Medicine and Hygiene and Lecturer on Genito-Urinary Diseases and Syphilis in the Long Island College Hospital, Brooklyn, N.Y.; Attending Syphilologist and Chief of Clinics at Volunteer Hospital, New York; Genito-Urinary Surgeon to the House of Relief of the New York Hospital; Lt.-Col. Medical Reserve Corps, U. S. Army, etc., etc.

The Idea of Progress

A question of great interest was raised by the Dean of St. Paul's in his Romanes lecture at Oxford last week, when he challenged the general belief in progress, not as a task of humanity, but as a law of nature. This challenge is not so startling as the Dean's illustrations in support of it. The idea of progress as a natural law has invaded science, religion, philosophy, and history, but if the idea is tested closely (says the Dean) it will be seen that physically the race has made no progress for thousands of years, that mentally it cannot be claimed we are the equals of the Athenians or superior to the Romans, and that the evidence of the war seems to show we are not more humane, juster, or less brutal than the ancients.

The challenge is, perhaps, more stimulating than otherwise, but the arguments brought forward by the Dean in support are altogether on a different plane. Progress is in our keeping, and what we sow we reap.

It is not easy precisely to define progress; but there are broad lines, such as greater opportunities, greater sympathies, wider political and personal freedom, a better standard of life, a greater care for the helpless, and so forth. It may be difficult to deny that the Athenians—some of them—were of better physique, and even of better culture, than the race of to-day.

But were the average Athenians in the enjoyment of better corporate life, or possessed of better average culture? The ancient Greek civilization was based on slavery, which does

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not exist to-day, and on this one phase alone—the abolition of the slave system—there has thus been progress, widespread in its ramifications. The comparison should not be between Socrates and a trade unionist, but between a trade unionist and a slave. It is much to be questioned whether the idea that our modern wars are as brutal as the ancients would bear detailed examination. Despite the war, and its consequences, international ideals do exist as they did not exist in times past: the sense of justice is deeper; compassion for the unfortunate and the suffering is more marked; education is infinitely wider, with the added mental exercise and enjoyment; and individual freedom is incomparably greater. Can these things be—if so they are—without the progress of individual human nature as reflected in the progress of the race?—*Abstract, The Hospital.*

Botulinus Poison

All spoiled food is not infected with the bacillus botulinus, but any spoiled food may be, even though the spoilage is slight. A statement issued by the U. S. Department of Agriculture warns against botulinus poisoning in food showing even the slightest unnatural odor, unnatural color, swelling of the container, signs of gas, or any evidence of decomposition.

Scrupulous care should be exercised by persons serving canned foods to discard anything which is spoiled. In products not obviously spoiled, if there is doubt in the recognition of the odor proper to the product, thorough cooking will remove the possibility of danger from botulism.

Nobody knows just how the bacillus botulinus gets into any particular food. It has been found in articles put up in the home by the careful housewife and in goods packed in commercial establishments. It may be present in a few packages only of any lot. There is no method by which the packers or home canners can assure themselves by casual examination before canning that the product does not contain the bacillus botulinus. Failure to sterilize may not become apparent for weeks or even months after the canning of the article. If signs of spoilage have appeared when the can is opened, it is a clear warning that the product is no longer edible. There is no greater probability of botulinus poisoning in olives than in many other food products.

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Original Communication

TREATMENT OF EMPYEMA*

F. Arnold Clarkson, M.B., Physician-in-Chief, Toronto Western Hospital.

Perhaps no other surgical procedure has undergone so little revision throughout the centuries as that which was intended to bring relief in empyema. The ancients opened the chest cavity and even introduced rough drainage-tubes, a measure still adopted with little change to the present day. And one must say that this method of treatment had a certain degree of success, although the medical services usually chafed at the tardy convalescence. Moreover, this was only a minor operation and therefore not worth very serious consideration from the surgeon.

But the pandemic of influenza in 1918 changed our ideas of these things in a most dramatic way. The routine treatment of empyema following this particular type of pneumonia had such a high death rate that both physicians and surgeons began to enquire into the matter and to revise their knowledge of the pathology of the condition. They found that the ideas commonly held of the mechanics of respiration were not altogether sound, and that the success attending the old method of treatment was due, not so much to the surgical procedures adopted, as to the nature of the infective organism. When the bacterium was a *streptococcus hemolyticus* the usual therapeutic measures were not only a failure, but they actually, in many cases, brought disaster.

The mortality in various concentration camps in the United

* Read before the Hastings County Medical Society, July, 1920.

States was so appalling (sometimes as high as sixty per cent.) that an empyema commission was appointed to study the question. Their report is a splendid tribute to the efficiency of the medical corps, and what I have to say is largely a resumé of their findings.

In the first place the prevalent conceptions of the changes which occur when an open pneumothorax is induced have been shown to be erroneous. We speak of the "sound lung" as though there were an inequality of pressure in the two pleural cavities, when as a matter of fact, in a normal chest, the mediastinum is not a rigid partition, as has been taught for so many years, but is so mobile as to offer practically no resistance to pressure. For instance, when air was injected into the left thoracic cavity of a dog at a pressure of ten c.m. of water, the manometer in the right side registered nine c.m. From the standpoint of pressure, therefore, the thorax may be considered as one cavity.

If the older conceptions are carried to their logical conclusion a small opening in the pleura would be attended with the same dangers as a large one because the lung on that side would collapse. Then, too, a unilateral open pneumothorax in a normal chest ought never to be fatal, regardless of the size of the opening, because the "sound lung" could carry on the ventilation. By the same method of reasoning a bilateral open pneumothorax should promptly cause death.

But experiments have proved the falsity of these ideas. It makes no difference whether the opening is single or double, unilateral or bilateral, provided the total area does not exceed the area of the cross-section of the trachea. When the pleural opening is smaller than the trachea, there is an increase of pressure in both pleural sacs. In the effort to re-establish normal conditions, the increased respiratory effort is in amplitude rather than in rate. If the compensation is successful, negative pressure again obtains, but never completely. The ability of the patient, therefore, to withstand an open pneumothorax is dependent upon the ability to compensate by increasing his respiratory effort. Negative pressure is instantly restored when the opening is closed.

It is quite obvious that when the opening in the pleura is as large as the cross-section of the trachea, ventilation of the lungs must cease. The Empyema Commission found that this meant an aperture of fifty sq. c.m. (2 x 4 inches). Or, to put

it another way, the tidal air is about 1/7 of the lung capacity. If the pleural opening allows more air to enter than 6/7 of the lung capacity, the patient must die of asphyxia. As a corollary to this we have an explanation of the well known clinical fact that very young patients, and some older ones who had previously enjoyed excellent health, stood thoracostomy badly. Because of the elasticity of a mediastinum in which there had been no adhesions from former disease, the pneumothorax produced pressure upon both lungs, and both were collapsed to the same extent.

All these considerations of course apply only to a normal chest. The older methods of treatment were successful because the pneumothorax and drainage were not brought about till adhesions had fixed the mediastinum. But when we had to deal with an infection by *streptococcus hemolyticus,* the purulent exudate occurred early, whereas the adhesions were slow in forming. Moreover the vital capacity was low, being practically equal to the tidal air, as shown by the cyanosis and air hunger; therefore, even a small pleural opening was dangerous.

I have dwelt upon this phase of the subject because the deaths in empyema are in a great measure due to pneumothorax. A proper understanding of the physiological principles underlying open pneumothorax have resulted in a standardization of the treatment of empyema, and placed it upon a much more satisfactory basis.

In the most of cases the primary infection of the pleural cavity is from the rupture of a subpleural abscess, which empties its contents into the small quantity of serous fluid that is always present. At first the adhesions are few because of the mobility of the diaphragm, but in the end nearly every empyema becomes encapsulated.

The treatment then resolves itself into two parts: (1) To take care of the patient until adhesions form and the induration of the mediastinum results in a rigid partition between the two pleural cavities. This is accomplished by aspiration with a moderate sized needle, as often as may be required, even every twelve hours. (2) The drainage, sterilization and obliteration of the cavity.

The drainage is deferred till the patient has recovered from his pneumonia and has become a better surgical risk. This may be even some weeks after the empyema has been detected,

but the patient can usually be kept comfortable by repeated aspirations.

We have found the best way of performing the operation (which can be done in the bed) is to use a trocar such as was formerly employed to tap an ovarian cyst. Under local anæsthesia, this is pushed between the ribs, the trocar withdrawn and a drainage tube threaded into the chest cavity. The canula is now taken out and a piece of rubberdam three inches square is put over the tube which helps to keep the wound air tight. Various kinds of suction apparatus are in use, either intermittent or continuous, and all are more or less satisfactory, but there is no need for anything very complicated.

In order to sterilize the cavity it is necessary to have a knowledge of the bacteriology of the condition. As long as organisms are present in the pus, the cavity must be washed out with Dakin's fluid or ensol. Where no bronchial fistula exists, this may need to be done as often as every three hours. When these measures are carried out conscientiously, it is remarkable how soon the pus becomes sterile and how quickly the cavity is obliterated.

The loss of nitrogen from the body in the exudate is large, hence the need of a high caloric diet—at least 3,500 calories, comprising all the food principles. To keep up the carbohydrates Graham has suggested the use of lactose in place of cane sugar which cloys sometimes with convalescents.

In a few cases it may be necessary to drain early because of an acute hydro—or pyo—pneumothorax under extreme tension and marked interference with respiration. Fortunately this condition is comparatively rare. Pneumothorax, however, is often found before the chest wall is opened. One is surprised at the number of times the x-ray examination reveals the presence of air by the horizontal line separating the fluid above. Sometimes it is stated that the toxæmia from absorption is an indication for early interference. These dangers are undoubtedly magnified, and such as they are, they may be overcome to a great extent by frequent aspirations. Experiments with dogs have shown that those in which early drainage was used died sooner than the controls, so that we are lessening our patient's chances whenever we open the chest before adhesions are formed.

The dangers of waiting, on the other hand, are (1) the

formation of a bronchial fistula and (2) dense adhesions which prevent the re-expansion of the lung.

In our series of twenty-five cases we had five with bronchial fistula, which was demonstrated by expectoration of pus of the same color and odor as that in the pleural cavity. Where éusol was used to wash out the cavity, the patient could taste the chlorine in the sputum. In two of our cases we were compelled to change to other antiseptics because of the spells of violent coughing caused by the hypochlorite. The Carrel-Dakin treatment undoubtedly dissolves some of the fibrin which forms upon the pleura and prevents the expansion of the lung. Several times in our series large masses were detached and blocked the drainage tube.

As soon as the patient is able to sit up he should begin some breathing exercises such as the old fashioned one of blowing water from one bottle to another. This, however, puts less pressure upon the injured lung than some other forms of exercise. It is better to have the uninjured side held firmly against the back of a chair, or fixed by extending the arm above the head while the patient forcibly inhales and exhales.

Summary.

(1) Wait till the pneumonia is over and the oxygen requirement is lessened. By this time the exudate is frankly purulent and the mediastinum has become fixed. During this period aspirate as often as may be necessary for relief of dyspnea.

(2) Drainage under negative pressure. The opening is small, seldom is a rib resected and only local anæsthesia is used. General anæsthetics are highly dangerous in this operation.

(3) Carrel-Dakin treatment till the exudate is sterile and the cavity obliterated.

(4) A diet of high caloric value—3,500 calories as a minimum.

(5) Breathing exercises.

If this method is followed faithfully, such deforming operations as Estlander's will become a thing of the past.

421 Bloor Street West.

Editorials

ONTARIO SUMMER RESORTS

About two years ago a man with large business connections who has travelled much in all parts of North America, and is, as a rule, a keen and competent observer, asked a certain individual the following question: "Why is it that the Health Authorities of the Province do practically nothing in the way of making conditions decent and sanitary in the Muskoka Lakes (referring to Muskoka, Joseph and Rosseau)?"

"Are you 'swearing at large,' 'talking through your hat,' or what in particular are you alluding to?" the man on the street asked in reply.

"For more than thirty years all or nearly all the outside closets are placed on the shore rocks emptying their contents into the waters of the three lakes," was his explanation.

Of course those acquainted with these regions can answer by saying: there was perhaps an unsatisfactory condition as to the disposal of the contents of outside closets fifteen years ago, but your statements, even as applied to conditions at that time, are grossly exaggerated, and are absolutely incorrect when applied to conditions now existing. We believe we can speak with certainty when we say that there is not one privy on these lakes from which the contents are emptied directly into the waters.

This is however only a small portion of a long story as to sanitary improvements which have been effected in those regions during the last forty years. So far as we know, Dr. Peter Bryce, for many years

the active Chief Officer of Health for Ontario, was the first to fully realize the grave dangers arising from the unsanitary conditions of Muskoka, and inaugurated a very strenuous campaign for new methods. Few people know of the difficulties he had to contend with, and the obstacles he endeavored to overcome. The proprietors of cottages and hotels resented his interference with what they considered their rights to run their own business in their own way. After Bryce went to Ottawa, Chas. Hodgetts made a brave effort to carry on the good work commenced by Bryce. Then came our present energetic and competent C.O.H., John McCullough, who has accomplished much.

Hon. Wm. Hanna was a big man with a broad vision, who did wonderful work in connection with health matters and prison reform. During his regime the Province was divided into districts, and the officers in those districts have done wonderfully good work which has been highly appreciated by those who know what they have accomplished. In a general way it may be stated that the results are admirable, and as a consequence the sanitary conditions of the summer resorts in all parts of Ontario are at least equal to the best in the world.

FOOD STORES AND RESTAURANTS

Dr. Hastings, M.O.H. of Toronto, has as usual done the right thing in taking steps to ensure as far as possible good foods in the stores and restaurants. Certificates are issued to restaurants, confectionery shops and all kinds of refreshment rooms showing the standards they have attained, and he has warned the public against taking the food from any places

not possessing such certificates, which should be placed in positions where they can be easily seen. The names of eating houses and stores where High Standard Certificates have been granted are being published in the Health Bulletin, which is freely distributed. Those failing to receive it may obtain it when they wish at the City Hall.

MOTOR ACCIDENTS

The serious morbidity and mortality from motor accidents are generally recognized. The ordinary citizen in getting into a car has to consider various things if he wants *to save his skin*. He of course will try to choose a good driver, but that doesn't give the cautious man much comfort if he has to travel on the streets of such cities as Toronto. He may obtain a good expert driver but he knows nothing about the fellow who drives the other car that comes in his way.

It is difficult to give statistics because those founded on official death certificates will be too low, but we understand the deaths caused by such accidents per annum are as follows in certain districts: Ontario, 400; Toronto, 60; New York, 1,100; Chicago, 500. The Indianapolis *News* says it is estimated that in five years the number of people killed in automobile accidents in the United States equals the battle deaths in the American forces during the war.

PUBLIC HEALTH

The great advances made in preventive medicine, with excellent results from the standpoint of public health, are fairly well understood. The interest now taken in such matters by the lay press is marked,

and many of the articles published on the subject are admirable, and we feel sure are accomplishing much good.

In an editorial published in the Toronto *Star* (Aug. 5th) the writer speaks very highly of the immense amount of free service rendered by medical men, but believes that it is impossible to increase indefinitely the amount of work which a physician does without remuneration. But notwithstanding all this good work, thousands of the sick and poor do not get the care they should have.

While great admiration is expressed for the work done on the preventive side, it is considered equally important to have people properly treated when they become sick, or, in other words, the distinction between preventive and curative medicine should be broken down, and a public health service should be established with the physician as a salaried public official.

This brings up something not at all new, and we in the profession are not as yet greatly enamored of the idea, but if it should happen that our governments show an inclination to give our young graduates, who have to spend a heap of money nowadays to get a medical education, salaries equal to the wages paid to skilled mechanics we may give the subject more careful consideration, and perhaps change our opinions.

Personals

Dr. D. King-Smith wishes to announce that he has moved his office to 122 Bloor Street West.

On Tuesday, August 31st, the marriage took place of Dr. Norman M. Keith and Miss Edna Alexander, both of Toronto.

Dr. Allen Baines, of Toronto, has derived great benefit from his sojourn of six weeks at Otter Lake, Parry Sound District.

Dr. Algernon Temple, of Toronto, has spent the greater part of the summer on Lake Simcoe. He is enjoying excellent health, with vision almost entirely restored.

Dr. W. J. Johnston announces the removal of his office from 154 Carlton Street to 29 Wellesley Street, where he will confine his practice to the treatment of genito-urinary conditions, especially venereal diseases.

Dr. Arthur Small, formerly of Toronto, who went to Chicago over twelve years ago, has been in active practice in that city during that time, with the exception of two years spent in military service in the war, during the greater portion of which he was overseas. For a long time he has visited Canada every year, except when abroad, and spent a portion of each summer at his own cottage at Ideal Point, Lake of Bays, a little beyond the Bigwin Inn. Those who met him this season were pleased to find him looking remarkably "fit."

Dr. (Col.) George W. Badgerow paid a visit to his friends in Toronto in August. His great success as a specialist in diseases of the Ear, Nose and Throat in London, Eng., has given his many friends in Toronto and other parts of Canada much pleasure and satisfaction. He did great work during the war and was especially kind to Canadian soldiers, many hundreds of whom he treated free of charge. In addition he has for many years been exceedingly kind to large numbers of Canadians in London before, during and since the war. He was awarded the Cross of St. Michael and St. George for "services rendered," and was "mentioned in despatches."

Book Reviews

THE EXTRA PHARMACOPŒIA OF MARTINDALE AND WESTCOTT. Revised by W. HARRISON MARTINDALE, Ph.D., Ph.Ch., F.C.S., and W. WYNN WESTCOTT, M.B., Lond., D.P.H. Seventeenth edition. In two volumes. Vol. I. London, H. K. Lewis & Co., Ltd., 1920.

In the five years which have elapsed since the previous edition of this standard book, many changes have taken place in the field of pharmaceutical chemistry. The stimulus to the British chemical industry in the production of synthetic products which formerly were made in Germany, has been of tremendous import. The war led to the production of many new drug stuffs such as the new antiseptics which depend on Hypochorous Acid for their potency, as Eusol and Dakin's Solution. The introduction of poison gases of one sort or another meant the opening up of a new field, chemically, pathologically and therapeutically. Arsenobenzol and allied products had to be prepared in large quantities, and as a result an industry has been built up which it is hoped will forever do away with the habit of looking to Germany for such a large proportion of our drugs.

All such new preparations are described at length, while, of course, the matter included in previous editions has been amplified and brought up to date.

The physician who prides himself on the details and niceties of his drug administration can hardly do without these well-known volumes, of which the first has just been issued. The amount of detailed knowledge included is really colossal.

BACKWATERS OF LETHE (Some Anæsthetic Notions). By G. A. H. BARTON, M.D., Anæsthetist to the Hampstead General and Royal National Orthopædic Hospitals, etc. With illustrations. London: H. K. Lewis & Co., Ltd., 1920.

This somewhat unconventional little book on anæsthetics is presented as a result of personal experiences extending over many years. The author's personality is to the fore throughout,

and many hints and suggestions are given on individuality which makes them particularly impressive.

There are many points which will not be accepted by prevailing opinion on this continent where the use of chloroform has been to a large extent curtailed. An inhaler for administering ether—designed by the author—is described at length. Many interesting clinical histories are given and deductions drawn from the pictures presented by them.

This is a very readable book and will be studied with profit, particularly by those who perhaps only occasionally administer an anæsthetic.

Selected Articles

IDIOSYNCRASY TO DRUGS

By Sir William Hale-White, K.B.E., M.D., F.R.C.P., Lond.
Consulting Physician to Guy's Hospital.

Just as we know an elephant when we see one, although most of us are unable to define an elephant, so we understand what is meant by idiosyncrasy with regard to a drug, although we should find it hard to define, and we may describe it as a characteristic susceptibility to a particular drug inherent in an individual. The last word shows the following for example are not instances of idiosyncrasy: different strains of the same micro-organism may react differently to the same antiseptic; the action of digitalis on frogs varies with the time of year; morphia wildly excites cats, frogs are very tolerant of it; hedgehogs are tolerant to all sorts of poisons; rabbits are to atropine, in whom aloin is not a purgative but is absorbed and exereted by the kidney, causing fatal nephritis; cats and dogs are easily affected by purgatives, of which enormous doses must be given to rabbits and frogs to produce any result. These—and many might be added—are all instances of the fact that frequently the same drug acts differently on different animals. The action of drugs has been observed on so few species that we hardly know anything of comparative pharmacology, which must depend for the most part upon the different composition of similar fluids and tissues in different animals. Nor is the tolerance to a drug, of which the enormous quantities of opium, arsenic and cocaine that those who make a habit of taking these drugs can consume are examples, an instance of idiosyncrasy, for this tolerance is not inherent in the individual; it is gradually acquired.

The possible idiosyncrasies are without number: some people are so peculiarly susceptible that they can hear notes so high as to be inaudible to most persons; with some the near presence of a cat or horse will bring on asthma, some must flee if they see a snake, a caterpillar or a spider. Many of us are no doubt idiosyncratic to something or another, but we are unaware of this peculiarity, for we have never experienced the stimulus necessary to evoke it. Readers of Elsie Venner will recall the antipathies or idiosyncrasies there recorded about snakes and the

extraordinary effect produced upon the heroine by the leaves of the white ash, and Wendell Holmes, after mentioning various reputed idiosyncrasies, says: "In short, almost everything has seemed to be a poison to somebody." Sir Thomas Browne claimed, however, that he had no idiosyncrasies, for he says: "I have no antipathy, or rather idiosynerasie, in diet, humour, air or anything." On the other hand, Hartley Coleridge suggests that idiosyncrasies are common, for, in his life of Dr. John Fothergill, he says of him: "As a professional man he was principally noted for the intuitive skill with which he divined the true character of a disease when diagnosis was most perplexing and administered the remedy which the idiosyncrasy or the case required."

There is no essential difference between idiosyncrasies to drugs and to articles of diet, instances of which are quite common. I have come across two people in whom rice caused tingling erythema, a person on whom tea had the same effect, and a man who breaks out into a profuse perspiration and whose face becomes very red if he eats an orange. In a few persons severe indigestion is caused by eating eggs. Sir Lauder Brunton gives an account of a lady who was always seriously affected by eggs; on one occasion she partook of a small piece of cake because she was assured it did not contain any eggs; the result was that she had violent vomiting and purging; it was then found a mistake had been made, for the cake contained eggs. He also describes a case of a lady in whom a single strawberry gave rise to much erythema of the face, and quite a considerable number of people protest that they cannot eat strawberries. Dr. Prout tells of a person who could not eat mutton in any form; however it was disguised it always induced attacks of vomiting and diarrhœa, even if it could not be recognised that the dish contained mutton. Dr. Pavy states that there are people in whom these symptoms are always caused by mushrooms. Not infrequently illness seems to lead to an idiosyncrasy; thus some who when in good health can take milk, declare when they are ill that it is impossible for them.

Before discussing idiosyncrasies to drugs it must be pointed out that an apparent idiosyncrasy is sometimes to be explained by impurities in the drug. Formerly it was thought strange that the breath of some persons who took bismuth smelt of onions; this is now known to be due to the occasional contamination of bismuth with tellurium. Gelatin solutions were for a time injected subcutaneously, in the hope of curing aneurysms; in a

very few of the patients dangerous and fatal nervous symptoms followed; it was found that this was because the gelatin had been imperfectly sterilised and it was infected with tetanus bacilli. Severe poisoning symptoms were moderately common from salicylates in the early days of the use of these drugs for rheumatic fever; this was shown to be frequently due to the ortho- and para-creosotic acids which existed as impurities in the synthetic salicyclic acid. Now that these contaminations hardly ever occur salicylism has become much less common. You will recollect that when arseno-benzol (salvarsan) was first introduced and given intravenously, severe pyrexia, rigors, vomiting, diarrhœa and even death were occasionally recorded in several cases; it was found that this was probably because the water in which the drug was dissolved, although sterilised, was not freshly distilled, for after distilled water has remained in the laboratory for some time bacteria appear in it, and even if then sterilised before use it contains the dead bacteria, and it appeared that these severe symptoms were due to these. Poisoning from salvarsan has become less frequent since the constant use of freshly-distilled water.

Other examples of idiosyncrasy are apparent, not real, for they depend upon varying composition of the drug. Bael fruit is useless in this country for the cure of dysentery and diarrhœa: evidently the unknown active principle on which its virtues depend in India has undergone some change by the time it reaches England. Cannabis indica and conium are powerful drugs, but the effects are so unlike in different people, and the doses required to produce effects are so variable, that neither can be used in medicine with advantage. This is almost certainly due to the uncertain composition of different specimens. The best instance of the inconstant composition of a drug is ergot, which contains varying proportions of at least three powerfully active bodies—ergotoxin, tyramine and histamine. Unless we remember this, it appears a strange example of idiosyncrasy that in some districts the result of chronic poisoning is gangrene, in others numbness, anæsthesia and tonic contractions. Again, the amount of a solanaceous plant that will cause poisoning symptoms varies so much that we are inclined to think there is an idiosyncrasy to it in certain individuals, but this may only be apparent and not real, for the amount of alkaloids present in the plant is not the same all periods of the year, nor are they always in the same proportion, and whether the drug is chiefly stimulant

or chiefly sedative will depend upon the relative amounts of atropine and hyoscine present.

A person may seem to be peculiarly susceptible to a drug when in truth he is not, but it has been so slowly excreted that he is poisoned by the large amount that has collected in his tissues. The action of the drug is then called cumulative, and it may be said that in such a case the idiosyncrasy lies in the delayed excretion. Examples are lead, which is normally excreted in the fæces and at the same time causes constipation, so that if two people take the same amount of lead for some time, one keeps the bowels open with an aperient, the other does not, he will be much more liable to symptoms of lead-poisoning: the same argument applies to opium. The best known drug with an evident cumulative action is digitalis. A patient may be taking it for some time and suddenly will show indications of poisoning: the pulse becomes slow, and he complains of faintness, nausea, and is often sick. The excretion of the active principles of digitalis is very slow, and in such a case there is no idiosyncrasy to the action of the drug, but its excretion has not kept place with its absorption, although that is slow, and hence the patient has an overdose in his tissues. It is particularly unfortunate that these symptoms should occur from cumulative action with digitalis, for it has made many doctors afraid of giving enough of it; as a rule too little is given. These symptoms of its cumulative action need not be feared, for, as I have seen over and over again, they pass away directly the drug is stopped.

The rate at which a drug is absorbed may explain some instances of idiosyncrasy. For example, it seems strange that large doses of barium sulphate may be given for an X-ray examination of the stomach and bowels, while barium chloride, although slowly absorbed, is a powerful poison. The reason is that barium sulphate is completely insoluble in the intestinal contents and therefore none is absorbed. It has been suggested that the giving of a drug may lead to the solution and consequent absorption of a toxin already present in the intestinal contents. We are all familiar with the idiosyncrasy that occasionally the administration of a soap enema is followed by a profuse erythema suggesting some specific fever; this is believed to be due to the soap leading to the solution of a fæcal toxin. It is highly likely that variations in the intestinal contents may be the explanation of some cases of idiosyncrasy, for a drug, if it is usually slowly absorbed and soluble in the intestinal contents only with difficulty, may from abnormal alterations of the fluids

of the intestine become readily soluble and therefore quickly absorbed. Thus the reason why, in rare instances, santonin causes its disturbances of color vision and severe poisoning probably is that, for some unknown reason, it is rapidly dissolved in and consequently quickly absorbed from the intestine, and if castor oil is given with male fern severe symptoms of poisoning may occur, because filicic acid, being soluble in castor oil, is then rapidly absorbed. Or again, the drug may in the intestine become chemically changed, and the changed drug may be much more soluble and easily absorbed, or it may have a different action and be readily poisonous—just the pharmacological reverse of decomposing morphine in the stomach by giving permanganate of potassium, or converting oxalic acid into an insoluble oxalate by giving chalk. It may be that some apparent idiosyncrasies are caused by disease; for instance, while there is no doubt that many cases of uræmia are benefited by morphia, yet very rarely the drug appears to be a fatal poison to those suffering from this condition. I have once seen a small dose given to a patient with Bright's disease cause all the symptoms of opium poisoning and kill him; perhaps the explanation was that while, although little morphine is excreted by the kidneys, yet in this patient as these organs were, as the autopsy showed, fibrotic, none could be so excreted, and hence the fatal poisoning. We are often disappointed in the relief of cardiac pain by nitrites; this may be because cardiac pains have a varying pathological origin. Then, too, those who have inflammation of the gums or septic tooth-sockets are more liable to show the symptoms in the mouth of mercury and phosphorus poisoning than those whose mouths are healthy.

Idiosyncrasy may seem to be present when really it is not, for the particular mechanism on which the drug usually acts is not present. Thus the fœtus *in utero* is not killed by morphine or chloroform if given to the mother a long time before parturition, because its respiratory mechanism is not active, but if given to the mother in considerable quantity immediately before birth the child will very likely be killed, and minute doses to the infant are fatal. Occasionally an allied function can play the part of that paralysed by the drug. At first sight frogs appear to be idiosyncratic to curare, for it does not kill them; but the explanation is that although curare does paralyse their respiratory muscles they do not die, as they continue to breathe through their skin.

We may now pass on to genuine idiosyncrasies. Drugs

taken up by the portal blood-vessels have to pass through the liver; many are there altered in ways of which we know little or nothing, some perhaps unite with glycuronic acid, others may be oxidised, others reduced; clearly variations in the activity of the liver might explain some idiosyncrasies, as might also varying destruction of poisons elsewhere in the body. Certain poisons, e.g. ricin and crotin and those formed by bacteria, are neutralized in the blood by antibodies; if the subject is deficient in power to form these antibodies he will be especially susceptible to these poisons, and it is quite likely that variations in the composition of the tissues and fluids of the body may profoundly influence the susceptibility of certain persons to the toxicological influence of the drugs; or the actual cells on which the poison acts may be unlike, e.g., the spinal cells of different individuals may vary so that some are more easily affected by strychnine than others. It is known that certain drugs reinforce the action of others: thus if scopolamine and morphine are given before a general anæsthetic is administered, much less of it is needed than would otherwise be required. It is said that small doses of cocaine will greatly add to the effect of adrenalin on the blood-vessels and iris. Many clinical physicians think that a combination of drugs is better than giving a single drug; hence, for example, purgatives are combined, and opium appears to suit intestinal conditions better than morphine, perhaps because the numerous alkaloids in it reinforce each other. It may be that some examples of idiosyncrasy are due to such reinforcement of drugs by substances within the body. It is possible also that variations in the distribution of a drug in the body may be the explanation of some idiosyncrasies; that others are due to phenomena allied to anaphylaxis, and that others are caused by means of which we have no suspicions.

From what has just been said it is clear that no attempt can be made, in the present state of our knowledge, to state the cause of idiosyncrasy in the majority of the most important examples of it, but it will be of interest now to name some to which we have not already alluded. The most remarkable is that of iodide; half a grain daily for two days has caused iodism; on the other hand, I have given 300 gr. a day without any symptoms of it. Sometimes when the dose is diminished they will pass away, and again, as I know from experience, doubling the dose may lead to their disappearance. The eruption on the skin is most variable, and may be very severe, but it is always the same in the same person. We may see either the rash, or

the inflammation of the fauces and respiratory tract, alone or combined, and then either may appear first. Are they due, as has been suggested, to the formation of free iodine, either by oxygenation of the iodides or by the decomposition of iodides by the minute quantity of nitrites in the body? On the first view sodium bicarbonate has been given, on the second sulphanilic acid. Do either of these bodies or sal volatile prevent iodism? The bromide rash is usually more like acne than that due to iodide. Is this because bromine is excreted by the sebaceous glands? Does the combining of arsenic with a bromide prevent bromism?

We usually think of the skin as a coarse structure, so that its susceptibility might fairly be unexpected, but it is morbidly affected by most specific fevers, and quite commonly by the ingestion of iodides, bromides, copaiba, cubebs, belladonna, arsenic, antimony, antitoxins, serums, and by gastro-intestinal disturbances, as in food-poisoning and an enema rash. Cutaneous eruptions less often follow turpentine, quinine, salicylates, borax, acetanilide, phenazone, phenacetin, but all drug rashes are sufficiently infrequent to constitute idiosyncrasy. We also see cutaneous idiosyncrasies when drugs are applied externally; some cannot work among cinchona bark or teak wood, for example, on account of the dermatitis produced; some nurses and doctors suffer excessively on account of the dermatitis caused by antiseptics; but even worse, some have an idiosyncrasy for absorption from the skin, and thus a simple belladonna plaster has been known to give severe signs of belladonna poisoning, and a nursing sister whom I often saw was unable to put her hands in perchloride solution or handle mercurial gauze without getting general signs of mercurial poisoning. But the most extraordinary drug in its action on the skin is arsenic, because of the many varieties of eruption that may follow its internal use: thus it may cause herpes zoster, pustular eruptions, bullous eruptions, keratosis or pigmentation. The herpes zoster leads us to arsenical neuritis, and in passing we notice how strange it is that although alcohol, lead and arsenic are common causes of peripheral neuritis, yet we only see herpes zoster as a result of the last.

What is called the selective action of these drugs on nerves is most remarkable; arsenic alone picks out the posterior nerve-roots, lead almost always first selects the musculo-spiral, but does not as a rule affect the nerve going to the supinator longus,

while alcohol generally first implicates the anterior tibial. Ascribing this to selective action does nothing toward clearing up the difficulty, and lulls us into the belief that we have knowledge where we have none, which is pernicious, for it puts a drag on the pursuit of inquiry. The explanation will be found by the biochemist; there must be some strange chemical difference in nerves which results in the early selection of thoracic posterior nerve-roots by arsenic, when it causes herpes zoster, the anterior tibials by alcohol and the chief part of the musculo-spiral by lead. In passing we may notice that in the same individual the two anterior tibial nerves seem to be of the same composition, while the two musculo-spiral nerves, although of different composition from the anterior tibials, are themselves of the same composition, for the paralysis due to either alcohol or lead is bilateral. The whole question of the local distribution of disease is the most difficult in medicine: Why does scarlet fever nearly always first appear on the chest and measles on the face? Why are typhoid spots most common on the abdomen? Here again we look to the biochemist to help us.

Another variety of the strange idiosyncrasies of arsenic is presented by the poisoning symptom that may follow the giving of salvarsan even when the water in which it is dissolved has been freshly distilled. There are two kinds of this idiosyncrasy. Most often the patient has what has been called a nitritoid crisis, because the symptoms are so like those which follow the inhalation of amyl nitrite; thus the cheeks, lips, and ears flush, and there may be vomiting with a rapid small pulse. Recovery almost always follows these symptoms, but more rarely we see the second and often fatal group of symptoms, of which the chief are some pyrexia, flushed face, difficult breathing, convulsions and coma. Both sets of symptoms may come on at any time up to a few days after the administration of the salvarsan. Two suggestions have been made to explain both groups of symptoms: according to one they are caused by a deficiency of adrenalin; according to the other they are due to imperfect elimination by the kidney. Acting on the first, adrenalin (1 c.c. of 1 in 1,000 solution) has been given, often apparently with good results, when either group of symptoms has appeared, and it has been advised that it should be regularly given to prevent their appearance.

A most interesting case has recently been recorded by Parnell and Dudley (*Lancet*, January 24th, 1920), in which, acting on the view that the symptoms were due to anoxæmia, oxygen

was given, and the patient, who was also treated with urotropine and caffeine, recovered. As there are now many cases on record of death from salvarsan I do hope that any here present this evening will give us their experience and their views on the causation, prevention and treatment of this alarming idiosyncrasy.

Just as getting rid of impurities has made the cases of poisoning after salvarsan less common, examples of poisoning by salicylates are much less frequent now that artificial salicylic is purer than formerly. There is no need to detail the symptoms of salicylism or quinism; they are so well known; but it is of interest to note that some persons so readily display idiosyncrasy to quinine that the familiar symptoms appear after a few grains have been given.

Time prevents more than a mention of other idiosyncrasies. Certain diabetics who cannot utilize dextros can utilize lævulose. Morphine has wide variations of action in different animals, therefore it is not surprising to find that it affects children much more readily than adults; that adults require largely varying doses to influence them, and that sometimes it cannot be given on account of the vomiting it produces, especially during recovery from its other effects. Severe circulatory and nervous symptoms may follow the external application of iodoform. The differences in the effects of alcohol both in health and disease are well known. Delayed chloroform poisoning is so rare as to be almost an idiosyncrasy. Excessive tea-drinking will occasionally cause tremors. A few healthy persons and a larger proportion of those who are ill are insusceptible to ordinary doses of hypnotics. Moderate doses of veronal have been known to cause death and the same is true of phenazone. People vary greatly in their susceptibility to camphor; so they do to tobacco, and it is said that if a man who is accustomed to smoke comfortably a particular kind changes his brand, he may at once show symptoms of poisoning, but perhaps the explanation of this lies in the composition of the tobaccos. Tobacco amblyopia is so rare that it may be called an idiosyncrasy. Paraffin, instead of opening the bowels, may be passed unchanged. Perhaps the commonest idiosyncrasy is the inability of some persons to take certain fats.—*Medical Press.*

"THE ACUTE ABDOMEN."

By Stuart McGuire, M.D., Richmond, Va.
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At the last meeting of the American College of Surgeons, Dr. John B. Deaver, of Philadelphia, read a paper entitled "The Acute Abdomen." Knowing what radical views he often entertains and how fearless he always is in expressing his opinions, I expected that his article would be open to much criticism, but on reading it I find that except for the title I heartily approve of everything he has written.

The subject is such an important one, especially to railway surgeons, that I propose to review certain aspects of the paper with such comments in the way of emphasis or caution as my personal experience seems to justify.

Dr. Deaver states that the high mortality following acute abdominal conditions is due either to ultra-conservatism or extreme radicalism. Some surgeons hesitate to resort to radical measures when they are indicated in the vain hope that the symptoms may improve, while others immediately resort to surgery without proper study of the case and then do operations which are often unsuitable or untimely.

Dr. Deaver devotes most of his space and directs most of his energy in stressing the necessity of an early operation in certain classes of cases, and while he has properly safeguarded his teachings, the qualifications he makes need to be emphasized. To-day is an era in which the craze for operating is at its height. Ambitious and aggressive surgeons are in every town and village. Papers like the one under discussion are widely but often superficially read and are used as a justification for reckless and indiscriminate operating.

The title of Deaver's paper, "The Acute Abdomen," is as catchy and suggestive as many of those coined by Wilson, and the term is doubtless destined to be widely adopted. Its use, however, will be attended by danger, because like some other phrases it is so indefinite that no one knows exactly what it means. It does not require an accurate diagnosis on the part of the surgeon, and it does not fix the period during which the patient may be said to suffer from the condition. I think, therefore, it is necessary to make it clear, first, that the "Acute Abdomen" is not always surgical, and second, that those cases which are surgical may have reached a stage in the pathology

of their disease at the time they first enter the hospital to make an immediate operation unwise.

Of course, if the diagnosis of some intra-abdominal catastrophe is plain, then an early operation is an imperative duty. But if the diagnosis is doubtful or the golden opportunity of surgical intervention at a favorable period has passed, then the fact that the patient has symptoms which place him in the group of "Acute Abdomen" will not justify an operation without waiting a reasonable time to determine the cause of the trouble, or a sufficient time to allow the infection to become localized and attenuated.

The danger of performing operations which Deaver has termed "unsuitable" because of an error in diagnosis, is clearly set forth in a recent article by Connell, who reviews a long list of diseases both intra-peritoneal and extra-peritoneal that are not benefited by surgery, but which frequently give symptoms calculated to mislead a surgeon and cause him to do an unwise operation. Cabot's 157 cases of stone in the kidney or ureter, in which 26 patients had been subjected to unnecessary abdominal operations as emergency measures, have been extensively quoted. Brasch's report showed that 143, or practically one-third of all the cases of nephrolithiasis which came under his observation, had been previously operated on by other surgeons for the relief of pain supposed to be due to disease of the appendix or gall bladder. Nusum collected and analyzed the records of 1,000 cases of tabes treated in Cook County Hospital. In these 1,000 cases, 97 needless operations had been done on 87 patients. Brewer and Cobb record 21 cases of acute hematogenous infection of the kidney, in which 6 patients had abdominal incisions made under mistaken diagnoses.

Many similar reports could be quoted. It is needless to do so, however, because there is not a surgeon of any considerable experience, who cannot recall errors he himself has made in operating on patients with pneumonia, typhoid fever, pyelitis, acidosis or other diseases on account of symptoms pointing to the abdomen. Only recently I narrowly avoided doing an operation on a patient sent me with acute abdominal pain supposed to be due to gallstones, but really due to lead colic. He was a farmer and obtained his water from a well which was equipped with a wooden pump. On investigation it developed that since prohibition went into effect he had patronized an illicit still, the extemporized worm of which was made of a lead

pipe. The diagnosis of lead colic was later confirmed by an analysis of a sample of the liquor.

So much for the "unsuitable" operations, now for those which have been designated as "untimely." Here the question is not as to necessity of the operation but as to the time at which it should be performed.

Mayo has pointed out that in abdominal infection from perforations there are three stages—the stage of contamination, the stage of reaction and the stage of peritonitis. If patients could be operated on in the first stage which lasts from eight to twelve hours, barring possible accidents, they would all recover. Not only would there be no mortality, but there would be little morbidity, because measures could be taken by the surgeon to correct permanently the condition which had led to the acute symptoms. This was true in the case of 52 patients with perforating gastric and duodenal ulcers on which Deaver did a gastro-enterotomy at the primary operation with only one death.

Unfortunately many patients with acute abdominal disease do not fall so promptly in the hands of so competent a surgeon, and when they enter a hospital they have reached the stage of peritonitis. In some cases an immediate operation even under such unfavorable conditions gives the only chance of life, but in others a postponement of the operation and the institution of preparatory treatment by accepted methods will result in such a change in the local pathological process and in the general condition of the patient that what was at one time a desperate risk becomes a favorable one.

To differentiate these cases and to decide when to operate on an individual patient requires large experience and the exercise of the greatest surgical wisdom. Personally, when in doubt, I am inclined to wait. As has been said, these patients are not usually the victims of "virgin pathology." Many have made spontaneous recoveries from similar if not as acute illness.

Surgeons constantly find old adhesions about the appendix, walled-off collections of pus or blood in the pelvis, plastic repairs of perforations in the stomach or bowels, and other conditions which indicate that while an early operation is certainly wise in such cases it cannot be said that the patient will surely die unless one is done.

The death rate under expectant treatment in this special group of cases which for one reason or another has reached the state of diffuse peritonitis without operation is said to be 30 per cent. But 70 per cent. will recover and then can be operated

on with little or no risk. It is difficult to have to accept this situation, but it will be wiser to try to reduce the number of these unfortunate patients by correcting pathological conditions in their incipiency and by doing immediate operations in the case of emergency rather than to attempt the impossible.

In conclusion I wish to say I fully agree with Dr. Deaver in his condemnation of purgatives, but I do not think he has given opiates credit for the good they will do when properly used.—*International Journal of Surgery.*

THE ETHICS OF PRESCRIBING

By James Burnett, M.A., M.D., M.R.C.P.Edin.

Probably few medical men have reflected that there are certain ethical matters relating to a prescription. In fact a prescription may do a great deal of good, but at the same time it may work much harm. We shall endeavor in this short article to point out certain facts, which, if borne in mind, will save endless trouble and render the prescription a much more valuable thing than it otherwise would be.

In the first place the prescription should contain no ingredient or ingredients whose action is not known to the profession. Many American and foreign concoctions are largely advertised, but no one can really say why they are beneficial, if indeed they ever are. Some medical men get into the habit of ordering a ready-made formula, which perhaps consists of a dozen different ingredients just because it has been brought to their notice by the manufacturers. Such prescriptions are ethically bad, and should not be encouraged. One often hears the remark that patients like out-of-the-way things, and that ladies like to be told to get a bottle of compound elixir of "ovario thymothyroid," and to take a teaspoonful after every meal. Probably if they were given a prescription for rhubarb and soda they would think the physician a very plain man. All this, however, savours of quackery, and ought not to receive the sanction of members of a scientific profession. We once heard of a very good country doctor who gave a patient a prescription containing iron and arsenic in pill form. She happened shortly afterwards to be on a visit to some friends, and she was advised to consult a "famous specialist." He told the lady to get a box of iron and arsenic capsules at a certain shop in that particular city. For this word-

of-mouth advice she paid three guineas, and of course, valued it accordingly. She continued to have these capsules sent to her in the country, and altogether ignored the pills containing exactly the same ingredients. Certainly the public are very gullible where drugs are concerned, but it is our bounden duty not to pander to their gullibility by giving prescriptions likely to appeal to the imagination in this way.

The fact that very few medical men know how to write prescriptions is probably accountable for another breach of ethical prescribing. We refer to the common custom of simply telling the patient what to get. This is a most reprehensible practice, and does the doctor a great deal of harm, besides giving the patient a foolish sense of medical knowledge. "Take a pinch of chlorate of potash and dissolve it in a teacupful of water." "Get half a dozen 15-grain bromide of potash powders, and take one at bedtime." "I'll repeat your arsenic mixture." "I'm going to give you a prescription for strychnine and hydrochloric acid." "Go to the chemist and get an ounce of solution of arsenic and take five drops in water twice a day." "Your child needs belladonna, and I'll give you a prescription for the tincture." "I think veronal would set you to sleep; you had better get a bottle of tablets and take one or two at bedtime." "Have you tried the syrup of codeine? Get some out of the chemist's and take a teaspoonful now and again." "Get a drachm of boric acid crystals and shake them up in a pint of water." These orders are culled from notes in our possession which might be entitled "The Big Blunders Some Doctors Make." It is most unethical to order drugs in this way. Moreover, it is often extremely dangerous. It may happen that the chemist is too careful to supply dangerous drugs when ordered in such a slipshod fashion, but too often he is tempted to supply what is asked lest he lose his customer's patronage. It is a golden rule, which should be strictly adhered to in every case, never to order any drug save by means of a properly worded prescription.

In prescribing dangerous drugs such as morphine, arsenic, veronal, and all hypnotics, it is very essential that the words "not to be repeated" should be written across the prescription in order to prevent the patient from having it dispensed again and again on his own initiative. We have known of a case in which a patient had a prescription for digitalis which he used himself and handed to some of his friends who were

supposed to be similarly affected. In writing prescriptions containing cocaine special care has to be exercised. We find that there are still one or two medical men who are ignorant of the legal requirements in such cases. The prescription must contain the full name and address of the person for whom the drug is ordered, must be dated, and signed by the full name, qualifications, and address of the physician. It must also bear the words "not to be repeated." Failure to comply with these requirements entails a penalty, which has been inflicted already on more than one unsuspecting practitioner.

There is such a thing as a "slovenly prescription." This is a term which we find very applicable to the carelessly written and often very illegible prescriptions of doctors with large practices. This remark applies specially to those engaged in health insurance work. The use of "drapery bill" prescription forms ordered by the Commissioners has intensified this evil. We have seen prescriptions of the type referred to, and we think that they reflect little credit on the doctors who wrote them. Of course, we cannot expect good work if it is not paid for, and until doctors receive some encouragement from the powers that be they will continue to give but scant heed to the writing of their health insurance prescriptions. A slovenly prescription is never ethical. It cannot, on the face of it, conform to the fundamentals of a good prescription.

To be strictly ethical a prescription should fulfil all the following essentials:—

(1) It should be carefully written on a sheet of notepaper, not a scrap of anything that comes handy.

(2) It should preferably be written in ink.

(3) It should contain the name (and probably also the address) of the patient for whom it is intended, and should always be dated.

(4) It should contain carefully worded directions for its use.

(5) It should be initialled (or preferably signed) by the writer.

(6) When it contains dangerous ingredients the words "not to be repeated" ought to be incorporated.

(7) It should contain no incompatibility or any proprietary remedy whose action is unknown to the prescriber.

These fundamentals aim high, perhaps; but after all is it too much to ask that a scientific man should exercise very great

care in giving what is, perhaps, to the patient the most essential part of his services? The patient is usually observant in such matters, and if he notices any carelessness on the part of the doctor in writing the prescription his confidence is apt to be somewhat shaken.

Students too often qualify without having had their attention drawn to these matters. The modern tendency is to discount prescription-writing altogether, and to store the mind with pharmacological actions, most of which have not been put to any real clinical test, and consequently are of comparatively little value from the point of view of the actual practice of medicine. A lecture or two on the ethics of prescribing would be of infinitely more practical value than numerous exhortations on the effect of digitalis and other drugs on the frog! We have not to deal with frogs but with human beings, and pharmacology becomes valueless to the student unless it is taught from the clinical standpoint. The doctor who can write a good ethical prescription is a safer man than one who has merely a knowledge of drugs as they have been used in the research laboratory. The tendency to-day is to ignore the practical side in teaching, and this is specially noticeable in our universities. The student of to-day will be the practising doctor of to-morrow, but one would rather think he was intended to be a research student in a laboratory to the end of his days. That is one reason why the old family doctor was such a boon to the community. The modern man, crammed with theoretical knowledge and laboratory methods, is far behind his older, if less erudite, confrère so far as the practical side of his profession is concerned. He knows how to write an ethical prescription, and he pulls his patient through without subjecting him to laboratory analysis or experimenting on his stomach with drugs whose actions are probably at the most but vague and uncertain. The modern and so-called "up-to-date" practitioner cannot write an ethical prescription, cannot weigh up the pulse without complicated instruments, cannot recognize a fractured collar-bone without the help of the X-rays, and cannot diagnose an early tuberculous lesion until the patient has been "screened" by a radiologist. We doubt if all this makes for progress. It may impress the public, but it creates in our minds a feeling of diffidence and uncertainty.—*The Prescriber.*

THE DEADLY PURGATIVE

A colic is an irregular contraction of the muscles of any hollow viscus. In other words, it is peristalsis gone mad under the stimulus of impending peril. Among great minds of some generations past the late Alonzo Clark filled a splendid place. In his day men were still wont to speak of idiopathic peritonitis, finely sounding words that were an efficient cloak to ignorance. Far ahead of contemporaneous thought and still without a realization of the surgical possibilities in the treatment of such affections, Clark discovered and gave form to the idea that an inflamed peritoneal organ loudly demanded and cried for rest. In a number of instances he was able to save threatened lives. Opium was the weapon he fought with, and, to astounded house-staffs, he gave the order to push the drug until the respirations had been brought down to six per minute, at which rate they were to continue. For days at a time patients were kept in a state of stupor, their lives appearing to us like a feeble flutter of existence. But in some the pus would become localized so that it might be finally reached by the superficial incisions which alone were deemed safe. Other patients at last drained themselves through openings into the intestines or rectum or vagina. At any rate, while a good many died, a fair number recovered. And it must be remembered that, previous to the adoption of this treatment, the disease was nearly invariably fatal, and hence every existence he saved was practically an absolute gain over the results of previous practice. It was not the opium, of course, that cured these patients, but the absolute rest given to acutely inflamed organs to which peristalsis was a deadly foe. After long waiting came another period during which infinite research and bold experimentation succeeded in defining and locating the origin of acute peritoneal inflammations. So swiftly did knowledge and technic improve that soon, if taken in time and wisely handled, such cases began to show a mortality that is fast becoming nearly trivial. In all severe human suffering, of course, pain is among the elements that contribute to the killing. If we can relieve it with some measure of safety the patient's chances are by so much improved. By themselves, morphia and opium remain as valuable as ever, yet must be considered as edged tools to be handled with the utmost caution. A fatal fault of theirs lies in the fact that they obscure the problem. Symptoms be-

come less clear and convincing as pain is lessened, and the patient, temporarily relieved, is no longer able to realize the gravity of his case and the urgency of interference. It necessarily followed that morphia was tabooed because it hindered exact diagnosis, wasted precious time, and gave the sufferer and his friends a false feeling of security. In view of these factors the best clinicians withhold narcotics until a diagnosis is made, and, if the case is pressing, until the patient has given his consent to the required interference, for the crying need of rest to the inflamed parts remains as great as ever. This, however, we try to secure in great part by total abstinence from all foods and liquids by the mouth and absolute rest, which, to some extent, provide the needed splinting of the inflamed surfaces. And, chief and foremost, the purgative of former days is called accursed as favoring peristalsis, so that men are yet crying out against the deadly castor oil which some still persist in prescribing. Beloved of our fathers, it is anathema among us now, since it can only stir the bowels to greater and painful action, often followed by the rupture that had been impending and which invariably converts a merely serious case into one fraught with tragedy. Swift opening, drainage if necessary, and absolute rest to the peritoneum are the sheet-anchors of the modern treatment of the former fatal idiopathic peritonitis. For much more than a decade has this been thoroughly understood and yet it is pitiful to consider how often the deadly purgative is still prescribed in what is briefly called acute abdomen. Only a few days ago a case presented itself, not in an obscure village but at the centre of our greatest city. A young woman returned home late in the evening, to be at once taken with excruciating pain in the right flank. Promptly a neighboring practitioner was called who dosed the patient at once with a liberal amount of castor oil, to be followed by calomel tablets that were to be helped out with salts in the morning. But soon after taking the oil the patient's torture became so unbearable that the hypodermic had to be called into play and was used with no niggardly hand. In the morning the surgeon called to the case obtained a history of agonizing pain lasting nearly all night and followed by stuporous slumber. Examination revealed an abdomen rigid as a board. Swift removal to hospital and laparotomy within a few hours showed both appendix and Fallopian tube ruptured, with free pus flooding the abdominal cavity. It chances that this particular wo-

man's life was finally saved, but the important fact for us to consider is that the use of purgatives at once converted a simply dangerous case into one that came near having a fatal issue. In spite of the constantly repeated warnings of the surgeons, such experiences keep on recurring with pathetic frequency and continue to illustrate the sad fact that, in all branches of human knowledge, science continues to remain years ahead of common practice.

To those unversed in intra-abdominal surgery we can only keep on repeating that in dealing with attacks of pain within the belly, purgatives must be withheld unless there is distinct and clear indication that we are dealing with a condition of gastric or intestinal indigestion, toxic or not. If surgical help must be delayed, the patient should be kept at rest, with the minimum amount of narcotic that will bring some approach to relief, and all food or drink withheld absolutely. While we may regret that such advice is not new, sad experience shows that it is still necessary to proclaim it from the housetops, even if we risk wearying the ninety and nine of our readers for the sake of the hundredth who may go and sin no more.—*International Journal of Surgery.*

Selections

The Chemical Composition of the Blood in Cancer

Ruth C. Theis and William S. Stone (*Journal of Cancer Research,* October) determined sugar and nonprotein nitrogen constituents (except creatinine and creatine) of the blood of 189 patients suffering from malignant or allied diseases. As a whole the cases showed a value slightly lower than normal for the nonprotein nitrogen and urea nitrogen. The uric acid values were normal except when kidney complications were present, and in two cases of melanoma without kidney complications, when the uric acid figures were high. Contrary to the observations of previous investigators the sugar values were practically normal when there was no kidney complication or diabetes present. The figures obtained are analyzed from the standpoint of the age of the patient, the general condition, and the location of the tumor.—*Medical Council.*

Fatalities from Local Anaesthetics

Nothing in medical practice is more serious than the death of a patient within two or three minutes after the injection of a local anæsthetic, especially when the patient is in excellent health except for a condition requiring some minor operation. In view of the frequent employment of local anæsthesia, it is apparent that even though the relative number of such accidents is low, in the aggregate the problem merits serious study. Efforts to reduce the dangers arising from the administration of local anæsthetics have been hampered by limited knowledge as to the cause and mechanism of these unfortunate occurrences. From time to time appeals have been made to the profession at large to report the clinical manifestations following the injection of a toxic anæsthetic, but the response has been poor. The Council on Pharmacy and Chemistry therefore asked the Section on Laryngology, Otology and Rhinology to appoint a special committee to make a comprehensive study on the use of anæsthetics in nose and throat work. The summarized report of this committee appears elsewhere in this issue. As is pointed out, the occurrence of twenty deaths in the personal experience of 100 operators shows that the subject deserves more earnest attention.

Real progress, however, can be made only if cases are reported promptly and with attention to the factors that are in question. As an illustration of the immediate practical benefit that could follow this inquiry, it is worthy of note that a fourth of the deaths so far reported to this section arose from mistake in solutions. These can probably be avoided by preparing the cocain solution only as needed, from tablets colored with a distinctive dye so that the tint of the solution at once would call attention to the drug and its concentration. Physicians are urged to co-operate by reporting cases of idiosynerasies, to the end that further study will result in definitely establishing the causes of sudden death, and that a better understanding may be attained as to the proper technic and proper choice of local anæsthetics for each particular class of case.—*Jour. A. M. A.*, July 31, 1920.

Immodesty of Fashion

The prevailing tendency among the feminine sex to exhibit features of their anatomy which are usually camouflaged has been subject of late to much protest. The incentive which has excited the protest is due to the belief that the tendency is the outcome of a declining sense of modesty. This, it must be confessed, is a serious indictment, and should be so regarded by those who make it. It involves a degradation in the mind of women suggestive of a return to animal instincts and opposed to the dictates of what we are pleased to call civilization. The basis of the indictment is represented by short petticoats, exposing legs scarcely camouflaged with diaphanous stockings, open blouses—technically so-called—showing a wide expanse of bare neck, bare arms, and at evening functions, backs—plainly speaking, bare almost to the buttocks, the costume deftly displaying an artistic outline. Herein, then, is an ensemble which, compared with Victorian days, supplies a contrast not a little remarkable. Then it was that women made extraordinary efforts to conceal their anatomy. It was an offence against decorum almost to show that it existed. There are those of us who can remember the tips of the women's toes peeping—like mice out of their holes—from beneath a contrivance of great acreage, known as the crinoline. At length a gradual process of evolution began, having for its object the revelation of much the existence of which had hitherto been merely a matter of conjecture—and so this evolutionary process has continued,

until in the present day it has reached a stage suggestive of immodesty. The reality, however, of this accusation is open to doubt. Rather it should be assigned to woman's caprice. The law in fashion is inexorable. What fashion dictates is equivalent to a command, compliance with which is held to be unavoidable. If immodesty, as such, has for its object a direct appeal to men, the fact remains that men are in no sense the arbiters of women's fashions; even of women it may be said that they are not always the best judges of fashion in dress so far as men are concerned. The law of competition is chiefly responsible for the repeated changes in fashions; at present this competition has led to the adoption of comparative nudity. But as a novelty this will cease and be superseded by some other infraction, perhaps of good taste, also without immodesty being necessarily concerned in the innovation.—*The Medical Press.*

Results of Operations for Removal of Stones from the Ureter

Edward S. Judd (*Annals of Surgery*) presents an instructive analysis of 400 cases of ureteral stones operated on at the Mayo Clinic, 1901 to 1918 inclusive. Of this number 248 were males and 152 females. The average age at the onset of symptoms was 32.4 years, and the age of patients on entry to hospital 37.7 years. The duration of symptoms averaged 4.8 years. X-ray findings were positive in 295 cases. Definite obstruction to the ureteral catheter was present in 240 cases. As regards the location of the stone it was found in the lower third of the ureter in 198 cases, in the upper third in 49, at the ureteropelvic juncture in 38, and at the ureterovesical juncture in 53, while in 32 cases it was intramural. Judd's conclusions are as follows: 1. The study of this series of 400 patients operated on for ureteral stone and the 126 patients treated by Braasch leads us to conclude that before instituting any method of treatment for the removal of stones from the ureter, it is well to bear in mind that a large percentage of such stones passes voluntarily; in the early cases, therefore, it is best to delay treatment. 2. Unless there are definite contra-indications to non-operative treatment for the removal of the stones, an attempt should be made to remove them by non-operative methods. We doubt the advisability of attempting to remove stones from the middle and upper third of the ureter in this

manner, but believe that with the development of the method nearly all small stones may be removed from the lower end of the ureter without operation. 3. While the operation for the removal of calculi from the ureter must be considered a major operation, it may be performed with practically no mortality and with universally good results. Therefore, if there is a definite contra-indication to non-operative treatment or if progress is not being made by such treatment, the stone should be removed by open operation without hesitation.—*International Journal of Surgery.*

Haemorrhagic Infarct of a Testicle. J. J. Stutzin (*Med. Klin.*).

A chemist, aged 44, contracted gonorrhœa at 25, the prostate being involved. Subsequently there were recurrent attacks of prostatitis, and soon after he had turned 40, he contracted another bout of gonorrhœa which passed off quickly. Early in June, 1919, the left testicle became inflamed, and a week later the right testicle followed suit. The inflammation on the right side became stationary, whereas on the left side there was progressive swelling of the scrotum and its contents. At this stage a specialist reported no sign of gonorrhœa, syphilis, or tuberculosis. On Aug. 20 the writer found enlargement of the right epididymis, with induration of the globus minor. The size of the right testicle was normal and its outlines were well defined. On the left side a swelling inside the scrotum, of the size of a goose's egg, consisted of the testicle, topped by a translucent effusion, and the epididymis, the junction of which with the testicle could not be defined. The diagnosis of a hydrocele was confirmed by puncture, which yielded turbid instead of the usual transparent fluid. The sediment of this yellow fluid contained numerous leucocytes. The prostate was small and indurated, a hard nodular swelling being demonstrable in its left half. There was a stricture of the urethra at the level of the pars bulbosa, and the urine in the morning contained much pus. On Aug. 29 the hydrocele was opened under local anæsthesia. About 150 c.c. of turbid yellow fluid were obtained, and the tunica vaginalis was found to be much inflamed. The testicle proving to be much enlarged and very tense, was incised. Testicular substance welled out, mixed with

dark blood clots and fully two desertspoonfuls of a malodorous, dark brown substance. Much of the tunica vaginalis was excised, the remainder was secured round the testicle according to Kocher's method, and drainage was established. The wound healed quickly, and the patient was soon able to resume work.

The cause of this intratesticular hæmorrhage is not clear. Such an event has not hitherto been recorded in connection with an infection of the urethra. The intelligent and observant patient was quite sure that there had been no injury. It was not likely that the hæmorrhage had started in the epididymis and had subsequently invaded the testicle, displacing its contents, for not till the tunica albuginea was opened and the substance of the testicle was incised, was the clotted blood found. It is more probable that the condition was due to an infarct which subsequently became infected. The case shows the importance of surgical treatment of the complications of gonorrhœa.—*The Medical Review.*

Surgical Treatment of Spinal Cord Tumors

Charles A. Elsberg (*American Journal of the Medical Sciences*) says that if an extramedullary tumor has been exposed by laminectomy and incision of the dura its removal does not in most instances, present any technical difficulties. If the growth lies on the posterior surface of the cord and is not adherent to that structure it can often be "picked out" of the spinal canal with the division of perhaps only a few fine adhesions. If, on the other hand, it lies under a nerve root or in front of the dentate ligament or the cord itself the manipulations must be very carefully accomplished. It is always inadvisable to attempt to pull out a tumor from under a nerve root, as such a procedure might cause serious injury to the cord. Either the nerve root or roots must be carefully raised and pulled apart by fine strabismus hooks, or if sufficient room cannot be gained the roots must be divided.

Similarly the surgeon should never attempt to pull out a tumor from under a slip of the dentate ligament. The slip should be divided and retracted in order to expose the new growth. When a tumor is to be removed from in front of the cord the following procedures are of value. By the division of one or two slips of the dentate ligament and, if necessary, of one posterior nerve root, the cord can be pulled well to one

side. This should be done with forceps which grasp the slips of the dentate ligament which have been divided and not by direct pressure upon the cord. The operator should never make the attempt to pull the cord to one side by means of traction on one or more nerve roots. A pull on a nerve root sufficient to draw the cord to one side is almost certain to injure the cord itself.

Another important detail in the exposure and removal of tumors which lie in front of the cord is to remove much more of the laminæ on one or other side, so that the access to the front of the cord from that side is made more direct. If the neoplasm is found to be closely adherent to the cord the greatest possible gentleness should be used in separating it from that structure. Tumors which have originated from the pia mater on the cord are sometimes so firmly adherent that in their removal a small layer of cord tissues would come away with the growth. If the adhesion is a very firm one it is preferable to leave behind a small piece of the capsule of the growth. If the neoplasm is not found at the exposed level a careful search must be made for it. The appearance of the veins on the posterior surface of the cord is very characteristic when there is an obstruction to the return flow of blood at a higher lever. In addition a probe should be carefully passed upward and downward on the posterior and anterior aspects of the cord. An elastic resistance is often felt when the end of the probe impinges upon a tumor higher up or lower down than the exposed area. Mistakes may occur, however, when the end of the probe is caught in a nerve root, in an adhesion between the arachnoid and the dura, or is obstructed by a swollen cord or one of the normal curves of the vertebral column. If there is no escape of cerebrospinal fluid from above and such an elastic resistance to the progress of the probe is encountered, especially if there is a venous congestion of the cord, a tumor at a higher level than that exposed is very probable.—*New York Medical Journal.*

Nervous and Mental Complications of Grippe

Under this caption Courbon, who is at the head of an insane asylum, mentions (*La Mèdecine*), as a complication of the pandemic of 1918, a special lesion of the mesencephalon located be-

neath the third and fourth ventricles in the gray nucleus and locus niger, which gave rise to a syndrome of fever somnolence, and motor disturbances of the ocular muscles. This was the encephalitis lethargica of Netter. The fact that it was known before the pandemic is admitted, but the author's opinion is not thereby altered that lethargic encephalitis is grippal mesencephalitis. Among postgrippal psychoses the chief in the author's experience is a pseudoparesis which differs from meningoencephalitis of syphilitic origin by its benign tendency. One sees a syndrome of forgetfulness, tremor of the tongue and fingers, embarrassment of speech and exaggeration of reflexes. The condition appears during convalescence without antecedent mental disturbance with the picture of asthenia, mental confusion, stupor, and more or less complete suspension of ideation and motricity.—*Medical Record.*

Acquired Immunity to Influenza: J. Buchholtz. *Ugeskrift for Laeger.*

During the first wave of influenza between Oct., 1918 and Feb., 1919, 111 or 58 per cent. of the nurses attached to the writer's hospital contracted influenza. Only 3 of these nurses contracted influenza again during the second wave of the epidemic. The immunity acquired by the majority must have been considerable, for the nurses were constantly exposed to infection.—*The Medical Review.*

The Action of Adrenalin on the Kidney. (*Endocrin.*) Hartman and Lang.

Volume changes of the kidney were observed in cats and dogs under the influence of ether. When adrenalin is injected into the general circulation, small doses cause constriction while larger amounts cause constriction frequently followed by dilatation. While the kidney with intact nervous connections was being perfused, injections of adrenalin into the jugular vein caused dilatation of the kidney. This was sometimes preceded by constriction. Injections into the perfusion fluid produced a similar effect. Painting the semilunar ganglion caused dilatation of the

(*Continued on page* xii.)

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kidney if the solution was not too strong, otherwise constriction might result. Painting the dorsal root ganglion usually caused dilatation of the kidney but occasionally produced constriction. This research demonstrates, therefore, that adrenalin can produce dilatation by its action on either the semilunar ganglion, dorsal root ganglion, or on some structure in the kidney. Likewise constriction can be produced by adrenalin acting either on the semilunar ganglion, dorsal root ganglion or structures in the kidney.—*Journal of Nervous and Mental Diseases.*

The Influence of Bombardment on Glands (*Rev. méd. de l'Est.*) Etienne and Richard.

The frequency and violence of the bombardments of Nancy gave them an opportunity for studying the action of war emotions on the glands, especially of internal secretion. They were impressed with the frequency of amenorrhœa in Nancy as the result of bombardment. Cases had also occurred in Paris under similar circumstances. The close association of the function of the mammary glands with that of the ovary was shown by a diminution, and sometimes by a suppression, of the secretion of milk following the emotional stress. Two cases of transient glycosuria of sudden onset are described. Its occurrence is attributed to an excessive secretion of adrenalin, caused by emotion acting on the glycogenic function of the liver by means of the abdominal sympathetic. Numerous cases of hyperthyroid activity disease were observed, which were due either to a sudden violent emotion or to a succession of frequently repeated emotions.—*Journal of Nervous and Mental Diseases.*

Adrenalin in Asthma

George H. Hoxie and H. T. Morris (*Endocrinology*), give a history of a case of six years' duration in which the patient had taken approximately seven c.c. of adrenalin daily, for the most part with a hypodermic needle. She had occasionally used morphine and chloroform. Sudden death occurred. Aside from collapsed right lung and beginning aortic sclerosis, the chief postmortem findings were congestion of the abdominal viscera, similar to that found in animals dead from adrenalin administration.—*New York Medical Journal.*

Quotations from Doctors: No. 6

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Intestinal Vertigo

Like the stomach, the intestine may be the cause of the phenomena of vertigo. Glenard, Sigaud, Vincent, not to mention others, have met with them in instances of prolapse of the transverse colon with bending of the angle, in distention of the colon by gas, and typhlectasis, while Pron, Mendel, and others have reported instances of vertigo in cases of chronic enterocolitis interspersed with acute painful paroxysms. Special credit is due to Loeper, of Paris, for the report of numerous cases with radioscopic verification, examination of the blood pressure, etc., as well as the development of a brilliant pathogenic theory.

All types of vertigo may be met with in intestinal disturbances, from simple indecision in walking to the state of *mal vertigineux*, and even Ménière's vertigo with falling and vomiting has been known to occur. Loeper records the case of a male thirty-nine years of age who had been constipated for years and who complained of an emptiness in the head, cephalic malaise and fainting whenever he went two days without a stool. For several months the constipation had increased, likewise the other symptoms, to which an ataxic gait became added. He also suffered from beating in the head, tinnitus aurium and dizziness. All these symptoms disappeared after the intestine had been emptied by oil enemata. Abdominal palpation was negative, the appetite good and the general state perfect. The ears were absolutely normal, the pupils reacted to light although greatly dilated, and the patellar reflexes were exaggerated. Blood pressure was usually found below normal, the urine rich in indican.

Another case recorded by Loeper which we give as an example of intestinal vertigo was that of a male who had followed a farinaceous diet on account of a long standing enteritis. He suffered frequently from meteorism, pain, palpitation, nausea, tinnitus aurium and vertigo and twice he fell although consciousness was not lost. Colonic distention was verified by radioscopy while the blood pressure reached twenty-one and more when the meteorism was marked and vertigo appeared. There were appreciable lesions of the circulatory system and by a less exclusive diet, combined with pancreatin, the blood pressure dropped to sixteen and the vertigo disappeared.

Intestinal vertigo in young subjects is not serious; it is a troublesome symptom but is usually recovered from by proper treatment. In elderly people, on account of the resulting high

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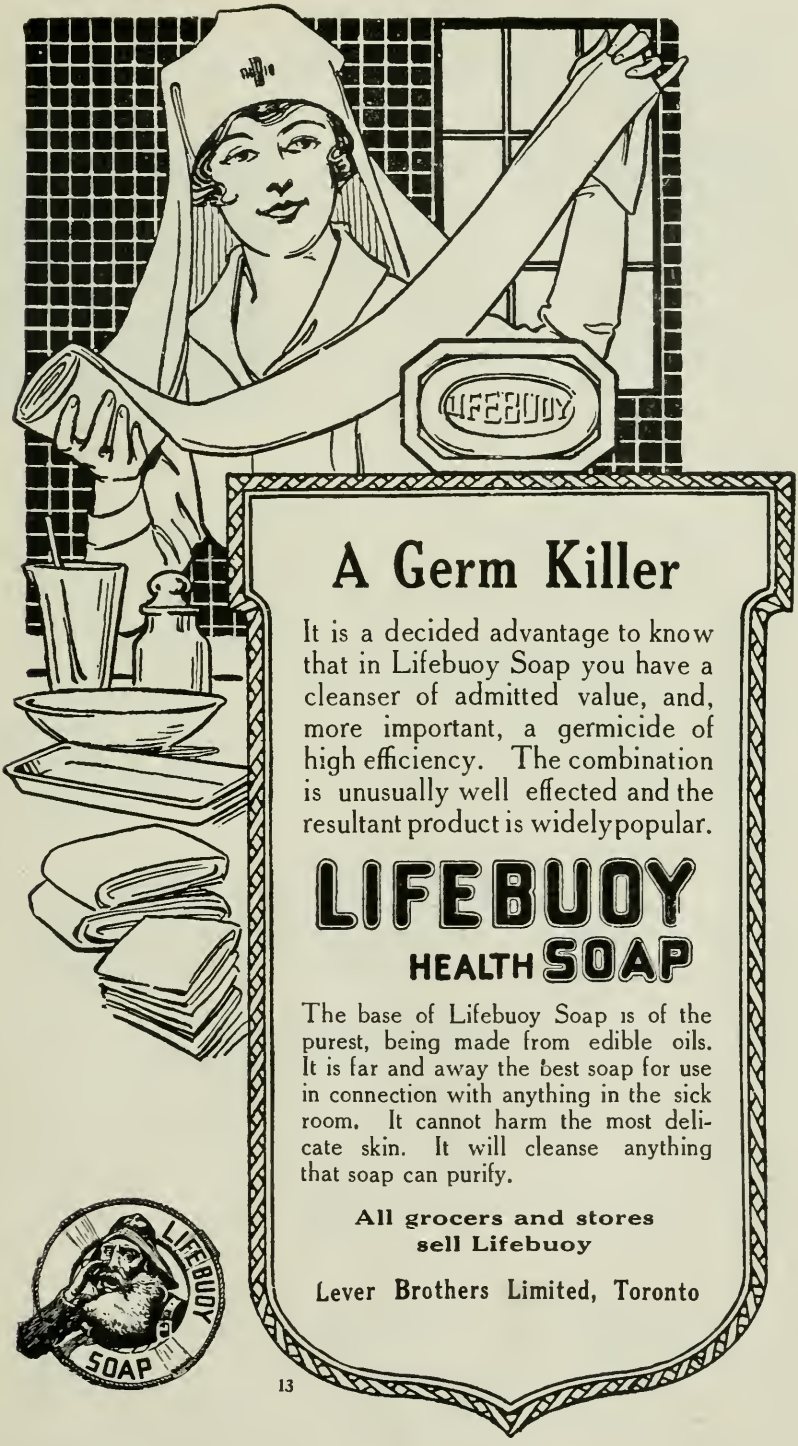
tension, it may be the prelude to cerebral hemorrhage. According to Loeper, the vertigo is due to a variation of pressure in the semi-circular canals, which may or may not be independent of the general circulation. In the first case the blood pressure is normal or below normal and a spasm or localized flux comes into play; in the second case there is a sudden hypertension of the entire circulatory system.

All these phenomena may be provoked in patients with intestinal disturbances by four principal causes, namely: The congestion of the digestive apparatus during intestinal digestion; blood plethora; absorption of toxic products or at all events vasotonic substances, and, lastly, abdominal reflex. The hypotensive action of certain toxic products elaborated in the intestine of constipated subjects and the passage into the urine of a hypotension of intestinal origin has been experimentally demonstrated by Loeper. Vertigo from hypertension is of reflex origin.—*New York Medical Journal.*

Raynaud's Disease and Syphilis. *Vignolo-Lutati, C.*

A man aged 50, had syphilis at 30. Eight years later he began to suffer from feelings of formication and cold in the hands and feet, with pain especially marked at night. Two years later attacks of pain occurred in the toes of the right foot, ending in gangrene. Subsequently, attacks of pain with the formation of purpuric and gangrenous patches affected the dorsum of the left foot and the lower part of the leg. At the same time there appeared a purple discoloration of the skin of the thigh, abdomen and arms (livedo reticulata or cutis marmorata). The tip of the nose, the ears, and hands became cyanotic and cold, and attacks of pain, itching and formication occurred in the latter. Microscopical examination of excised portions of the skin showed the existence of obliterative endarteritis of the smaller vessels, with aneurysmal dilatation and rupture of the capillaries (purpura). The syphilitic basis of the disease was recognized late in the case and it became necessary to amputate the right foot. In the opinion of the author this would probably have been rendered unnecessary had an anti-syphilitic treatment been resorted to earlier. Raynaud's disease is due to several possible causes. Hutchinson in 1884



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is said to have reported the first syphilitic cases [? ed.] and since that date numerous authors have reported cases lending support to the hypothesis. Thus a considerable number of cases are described in which the symptoms of Raynaud's disease were associated with signs of hereditary syphilis in children, with syphilitic endarteritis of the extremities, or with a positive Wassermann reaction. Parkes Weber reported Raynaud's disease associated with livedo reticulata, which indicated a syphilitic basis. A somewhat similar case has come under Vignolo-Lutati's observation; livedo reticulata and purpuric patches were present, and the disease yielded to anti-syphilitic treatment.—*The Journal of Nervous and Mental Disease.*

The Effect of Splenectomy on the Thymus. *Mann, F. C.*

The purpose of the research was to determine whether or not splenectomy produced any changes in the thymus. Previous work is very contradictory in regard to this question. Observations were made on dogs, rabbits and goats. The spleens were removed from the adult and young animals of these three species. The operation was performed under ether anæsthesia, employing the usual sterile technique. At various times after removal of the spleen, the thymus was examined. If any of the gland was found to be present, it was fixed and carefully weighed twenty-four hours after fixation.

It was quite frequently possible to employ a whole litter of animals for the work, some of which were splenectomized and others left for controls. Observations showed that in the adult animal, no greater amount of thymic tissue was noted after splenectomy than in the normal controls. However, since the thymus regresses early in life, the most conclusive data on the effect of splenectomy on this organ were obtained with the use of young animals. No evidence was obtained that splenectomy is followed by either a hypertrophy of the thymus or a more early regression of this organ. It was impossible to show that there was any definite relationship between the spleen and the thymus.—*Journal of Nervous and Mental Disease.*

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Miscellaneous

Submucous Lipoma of the Caecum Causing Intestinal Obstruction

L. Longo (*Il Policlinico*) states that benign tumors of the intestine (of which lipomata are the rarest) are very infrequent, and, as a rule, are only discovered at operation. In 1899, Hiller, one of the first to write on intestinal lipomata, found only twenty-five cases on record, and Hellstrom in 1907 collected only forty-five. In 1913 Cicala described a case of lipoma of the cæcum which gave rise to intussusception, and collected fourteen other cases of intestinal lipoma. The tumor may be situated in any part of the intestine; unlike other benign intestinal tumors it is usually single. Longo records a case in a woman, aged forty-seven, who suddenly developed intestinal obstruction. At operation, in addition to a dilated adherent gall bladder, a submucous lipoma of the cæcum was found; cholecystectomy and removal of the tumor resulted in a rapid recovery.—*British Medical Journal.*

Significance of Pulpless Teeth in Health and Disease

B. B. Machat (*Dental Cosmos*) advises that every devitalized tooth should be looked upon as a potential focus for the dissemination of systemic infection; that the ruling out of such a tooth presupposes reasonable proof that it is free from disease; that promiscuous devitalization of normal pulps is to be condemned; that in rare cases, where the conservation of a devitalized tooth is indicated, surgical asepsis and preferably an operation completed in one sitting is the safest plan.—*International Journal of Surgery.*

"Mamma!"

"Yes, my child."

"Will you tell me a fairy story?"

"But it's very late, my son."

"I know, but papa isn't home yet."

"Well, wait until he comes home, dear; he'll tell us both one."— *Yonkers Statesman.*

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In cases of delayed union after fracture, the alkaline hypophosphites are indicated, especially since Dusort has experimentally proved that when given to animals whose bones had been broken, it hastens the union and makes the callus abnormally heavy and firm.

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Weakness of the Right Facial Nerve in Epileptics

L. Roncoroni (*Il Policlinico*) has observed that a weakness of the lower division of the right facial nerve is a common occurrence in epileptics. The sign is best demonstrated by making the patient open his lips while keeping the teeth closed. It will then be found that the right labial commissure is less widely open than its fellow, the angle of the mouth more depressed and the naso-labial fold less distinct. The condition is not a true paresis but merely a diminution of functional energy. It occurs not only in fully developed cases of convulsive epilepsy but also in *petit mal*. It is often associated with left-handedness. Both phenomena may be attributed to abnormal action of the left cerebral hemisphere, which being the more highly developed is more susceptible to hereditary morbid influences such as occur in epilepsy.—*British Medical Journal*.

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"Adapt your sutures to the tissues in which they are to be used."

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And watched with expression pained
The milk man's stunts; both said at once,
"Our relations are getting strained."

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The Use of the Phrase "Wassermann Reaction"

Kolmer (*American Journal of Syphilis*) objects to the phrase "Wassermann Reaction" as a designation of the complement fixation test in syphilis for the reason that the reaction in this disease is based upon principles discovered by Bordet. The reaction should not be designated "Bordet-Gengou" because Wassermann, Neisser and Bruck were the first to utilize the phenomenon in the serological diagnosis of syphilis. Detre deserves more consideration than he has received, since he published his results only ten days after Wassermann and his colleagues.

Wassermann himself is apparently the only one who at present uses the original Wassermann technique, which is after all based upon an incorrect hypothesis in regard to the specific nature of the syphilitic antigen, and his explanation of the reaction along with his technique has long ago been abandoned.

Kolmer would also demand a more careful use of the terms "reaction" and "test," preserving the former for the results of the test, and the latter for the technique or method employed.—*The Charlotte Medical Journal.*

A cranial operation should not be advised—no matter how badly the skull is fractured nor how extensive the intracranial hemorrhage seems, when the patient is in the condition of severe shock with a pulse-rate of 120 and higher. Then the operation at that period of shock takes away whatever chance the patient may have of surviving the shock: the operation is but an added shock and merely hastens the exitus.—William Sharpe (*Charl. Med. Jour.*).

For ingrowing toe nail put a small piece of tallow in a spoon, heat it hot and pour it on the sore place. There will be scarcely any pain, and in a few days the edge of the nail will admit of being pared away without any inconvenience.—*Amer. Med.*

Stump Orator—"I want reform; I want government reform; I want labor reform; I want—"

Voice—"Chloroform."

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The Canadian Practitioner and Review

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Original Communications

RADIUM IN TOXIC GOITRE*

By W. H. B. Aikins, M.D.

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There are various names for this disease, which include Hyperthyroidism, Graves' Disease, Basedow's Disease, Exophthalmic Goitre and Toxic Goitre. A very able argument urging the use of the term Toxic Goitre for the disease in question is given by O'Day (10.) To quote: "While hyperthyroidism is said to be a condition that is caused by an over-active thyroid gland, and toxic goitre one that imposes its baneful effects through a pathological secretion, our observations rather forbid the acceptance of such distinctions. We are, however, convinced that an over-secretion of the normal thyroid is toxic, but no evidence was found that a pathological secretion was sometimes the cause;" and again, "We will adhere to the term Toxic Goitre, and then, keeping in mind that the thyroid is actually poisoning the body by an excess of its normal secretion, the resultant symptoms, including the exophthalmos should it appear, are to be regarded as the markings indicative of the course being taken by the toxicant." I am of the opinion of this writer that toxic goitre is the most satisfactory name for this disease.

It is generally recognized that the outstanding symptoms of toxic goitre are: (*a*) Extreme nervousness, which is evidenced by tremor and restlessness, (*b*) Disturbance of the cardiovascular system, as shown by a very rapid pulse, high blood pressure and tachycardia, (*c*) Ocular symptoms, includ-

* Presented at the annual meeting of the American Radium Society, New Orleans, April, 1920.

ing exophthalmos, Stellwag's and Von Graefe's signs, and (*d*) an enlarged thyroid gland. In some cases all these features are present; in others some are absent; that is, there may be extreme nervousness with exophthalmos and no enlargement, or nervousness may be accompanied by an enlarged gland with no exophthalmos. The essential features of the disease are the symptoms of the cardio-vascular and nervous systems.

In a discussion of the mental condition of patients suffering from toxic goitre, Dieulafoy says: (5) "As a general rule, few patients escape psychical troubles. Bœtean thus describes the psychical troubles: 'The chief symptom is profound melancholy, which more and more enters into every one of the patient's thoughts, so that he entertains ideas of suicide. At the same time the victims become impatient, surly and remarkably emotional. Their will power, when not quite absent, is often very feeble; they are incapable of fixing their attention upon any subject, even for a minute; they cannot remember next day what they did the day before. They show complete indifference not only to what concerns them, but to everything which affects their family, even to those who are most dear to them; and this indifference may sometimes amount to aversion."

One of the most striking features of advanced toxic goitre cases is high blood pressure. It is suggested by Etienne and Richard, of Nancy, (6) that, in view of the close connection between the various endocrinous glands, this hypertension may be due to stimulation of the nervous system which affects the superarenals, which are more exposed to it than the other endocrinous glands; there follows a hyper-secretion of adrenalin, determining an abnormal and permanent stimulation of the great sympathetic with consecutive stimulation of the thyroid and hyper-tension. Of all the physical signs of toxic goitre there has been none that responded as well to radium as high blood pressure. Blood pressures of 200-230 mm. often drop 50 mm. in six weeks, and after a series of three or four treatments the condition is practically normal.

Etiology.

Very much has been written on the etiology of toxic goitre, and widely variant views of it are held. In the opinion of the writer there are three main causes: (*a*) the psychic causes, which include fear, shock, or other violent emotion; (*b*) infected foci, e.g., tonsils, adenoids, etc.; (*c*) hyperactivity of

other endocrinous glands, as is present at puberty, pregnancy, or the menopause.

Many French writers refer to the frequency of cases resulting from a violent emotion or series of emotions in the army. Lian met with three cases in one group of artillerymen, the symptoms developing on their leaving a position which had been subjected to violent and prolonged bombardment. Merklen, Gallavardin and Lian suggest the probability of many of the cases of "Soldiers' Heart" being in reality latent cases of Basedow's disease. Very interesting instances, too, are cited by French writers of cases which occurred among civilians situated in the war zone. Etienne and Richard, of Nancy (6) cite the following: A woman, aged 19, arrived at Royal in May, 1918, having experienced great emotion. There was bombardment immediately after her arrival, the next house being destroyed by an incendiary bomb. Menstruation, which had always been regular, and had commenced during the day, ceased. The pulsating thyroid increased greatly in size, and there was slight exophthalmos and irritability. After a month's rest there was recurrence of menstruation, improvement in the symptoms and reduction in the size of the thyroid.

Another interesting case is reported by the same writers (6) in a subsequent article, of a case of Addison's disease which developed toxic goitre. A woman, aged 36, in 1917, noticed bronze pigmentation of the skin; a diagnosis of suprarenal insufficiency was made and appropriate treatment given. She lived at Paris, but was so upset by an accident that she left within twenty-four hours for Royal. Four days after the accident the thyroid was seen to be large and pulsating, and there was acceleration of the pulse, slight tremor, but no marked exophthalmos. Physical and mental rest resulted in retrogression of the symptoms of toxic goitre, but death ensued later from Addison's disease, with manifest signs of suprarenal insufficiency.

Beebe (2) in discussing thyroid disease and the war, says: "The writer several years ago had as patients four men who developed severe hyperthyroidism during their experiences in the army serving in the Philippine Islands. They were in excellent health on entering the army and could definitely date their trouble to a particular campaign. Later, at the time of the Kishineff massacre in Russia, patients who had been subjected to the horrors of this experience came to New York with

severe hyperthyroidism, the incidence of which they definitely dated from the fright and hardship they endured. The San Francisco earthquake produced similar cases."

In connection with the second cause, viz., that of infected foci, an interesting case is reported (9) of a woman who developed marked hyperthyroid symptoms with a pulse of 160. She refused thyroidectomy, but was willing to undergo an operation for an infected tonsil. After the operation she recovered and eventually regained perfect health. McCarrison (8) quotes Sir Arbuthnot Lane as having operated on a patient with a large goitre for constipation and as having obtained excellent results. The general symptoms improved, and there was a very distinct diminution in the size of the gland. These two cases are very interesting in that they emphasize the necessity for a very general examination of the patient, and especially the need for care of any infected organs, such as teeth, tonsils, etc.

Certain writers claim that focal infection produced by tuberculosis may play a large part in the etiology of this disease. Creyx (4) quotes the theory of Poncet and Leriche in regard to the frequency of latent and inflammatory tuberculosis, and points out its relation to and influence on the development of toxic goitre. He cites a case of a woman, aged 52, with no special heredity, except that one brother had died from pulmonary tuberculosis at the age of twenty-two. At the age of thirty, she developed a simple goitre, which, in the course of a year became as large as a small Tangerine orange, but has since remained stationary. In 1915, a shell fell near her house, and she experienced great emotion. On the following day there was slight hæmoptosis, and her friends noticed her nervousness and the strangeness of her appearance. Symptoms of Basedow's disease became marked, and there was emaciation, cough, and spitting of blood from time to time. Her character changed to such a degree that she became intolerable to her family. In this case the toxic goitre developed on the basis of a long-standing simple goitre, but in addition there were typical symptoms of pulmonary tuberculosis.

The influence of hyper-secretion of the ovaries on the secretion of the thyroid was taken up fully in a paper by the writer (1) which was read at a meeting of this society held in June, 1918. Suffice it to say that there is very often a transient condition of hyperthyroidism at puberty, pregnancy or the meno-

pause, and that, in many instances, severe cases have their origin at these periods.

There are also many other interesting theories as to the cause of this disease. For instance, Sinclair (11) writes: "That amebic infection is the cause of goitre I have proved to my own satisfaction at least, and with the elimination of these amebæ from the system the enlarged thyroid is restored to normal size."

It is difficult to estimate the importance of the old theory of the part played by water in the production of goitre. There is little literature in support of the view that toxic goitre is ever due to this cause. However, it is interesting to note that I have had several very advanced cases of toxic goitre from Manitoulin Island. In some of these cases the water may have produced a simple goitre and this has been followed by toxic symptoms.

When discussing the question as to whether the cause of the disease lies entirely in the thyroid, O'Day says (10): "While the consensus of opinion holds the thyroid responsible, an embarrassing question may be interposed. It is this 'Why do some of the distressing symptoms of toxic goitre frequently continue in some patients after the removal of each lobe?" He then cites five cases in which two, and in some cases three, operations failed to give the slightest relief.

An interesting case is cited by Lejars (5) of a girl of eighteen years, who was operated on for exophthalmic goitre. The operation was successful and the patient rested well during the day. At 11 p.m. she was suddenly seized with intense dyspnœa and considerable acceleration of respiratory movements. There was no flush of the face and no asphyxia, but she died in three-quarters of an hour. The autopsy gave no clue to the cause.

Poncet (5) gives the following opinion of surgery: "After various operations which I have performed in exophthalmic goitre, including simple exothyropexia, I have seen a fatal result. Such results, and also the frequent return of symptoms which had yielded for a very short while before the operation, have made me very circumspect. For my part, I shall not again meddle with the thyroid body in Basedow's disease."

Boggs (3) says that in relapses after operation for exophthalmic goitre radiation should always be employed after a careful study of the ductless glands has been made, rather than

the contemplation of a second operation. I have had four cases who came to me after operation for goitre because the nervous symptoms had recurred. I had another patient who was dissatisfied with the progress she was making under radium treatment, and underwent an operation. Five months after the operation she returned to me, with extreme nervous symptoms, there was tachycardia and also ocular symptoms. She had continued treatment with me, and, along with the cases above mentioned, is making satisfactory progress.

Treatment.

An experience of twelve years has convinced me of the value of radium treatment. Four years ago I reported my results with sixteen cases; in 1918 I gave a report on forty-five, and at the present time I am reporting from an experience with about 100 cases of this disease.

Concerning the treatment Robert Knox (7) makes the following statement: "In acute cases it has been found that treatment by radiations must be supplemented by (*a*) rest in bed, (*b*) dietetic treatment, and (*c*) treatment by drugs. The combined treatment is always more efficacious than either alone."

This practice has been followed in our treatment. Patients are urged to avoid all excitement, and to take as much rest as possible. They are also urged to eat very little meat, but to take plenty of other nourishing foods, such as milk, eggs, etc. The use of an icebag over the heart is recommended, capsules are prescribed containing quinine hydrobromate, grs. 5, t. i. d., together with ergotine, grs. 1, t. i. d. I also prescribe a mixture of strontium bromide with a bitter tonic and salines in the morning in order to ensure free elimination. In many cases the above treatment alone had proved inadequate, but when employed with radium it brought about improvement in the symptoms.

In applying radium over the thyroid gland, the effect required is one of deep penetration with a minimum skin reaction. In order to attain this result, the radium must be so screened as to prevent the action of the short but powerful beta rays, and to obtain the benefit of the more penetrating gamma rays.

If the case is very far advanced, that is, if there is extreme nervousness and weakness, the patient is treated in a hospital, and the radium is left in position for long periods of time. Less

severe cases are treated in the office for shorter periods of time. The first course of treatment is usually the heaviest, and varies from 150 to 360 mg. hrs., according to the severity of the disease. Subsequent treatments range from 50 to 150 mg. hrs., varying with the apparent progress which the disease has made.

Boggs (3) in a paper on X-ray treatment of goitre, speaking of the type of goitre which occurs during adolescence, states that this type usually recover spontaneously, that if they do not, the value of the medical treatment is questionable, and it is not desirable to resort to surgery. He says that he undertook roentgen ray treatment reluctantly, merely to secure a cosmetic effect. He says: "I was amazed to find that the treatment resulted not only in a distinct gain of weight and bodily strength, but also in the correction of a psychic instability which has been looked on as a matter of character rather than disease. From frivolous, flighty, irresponsible girlhood, the patient passed into serene, well-ordered womanhood. In other words, they were suffering from hyperthyroidism, in so slight a degree as to give no characteristic symptoms, yet sufficiently to affect both physical and psychic strength."

It is my opinion that the effect of radium in toxic goitre of adolescence has been in some respects similar to that produced by the X-rays, but that the former has many advantages. The superiority of radium treatment to that with X-rays is very well expressed by Dawson Turner, when he says (12): "As compared with X-rays in the treatment of this condition, radium has the following advantages: (*a*) absolutely constant emission of rays, and therefore exact dosage possible; (*b*) far greater penetration of its rays, so that the deeper parts of the gland are reached; (*c*) no noisy exciting apparatus, so that the treatment can be applied at the bedside without in any way disturbing the patient. The words, 'cito, tuto, et jucunde'* can fairly be applied to the radium treatment of exophthalmic goitre."

REPORTS OF CASES.

Group A.—Mild Toxic Goitre as Seen in Adolescence.

Case 1574.—Miss B., aged 15, came to me in February, 1919. She showed some nervous symptoms and a goitre had been in evidence for about four months. She was given in all 464 mg. hrs. of radium, and when last seen she was in good

*Quickly, safely and happily.

health, but there had been little change in the size of the gland.

Case 1625.—Miss K., aged 14, was first seen by me in April, 1919. A goitre had been present for four years, and it was gradually enlarging. She experienced distress in breathing, and tremor was present. She was given 753 mg. hrs. of radium. In July the tremor had disappeared, there was less distress in breathing, and less exophthalmos; also the measurement had decreased slightly. When seen in January, 1920, her general condition was very markedly improved.

Case 1707.—Miss F., aged 15, began treatment in July, 1919. The gland was enlarged, giving a neck measurement of 13" and 14½"; her weight was 107¾; the tonsils were somewhat enlarged. She was was given 561 mg. hrs. of radium, and in January, 1920, she was in excellent health. The measurement had decreased to 13¾" although there had been an increase in weight, and she now weighed 116 pounds.

Group B.—Grave Toxic Goitre with Enlarged Gland.

Case 1128.—Mrs. W., aged 55, had had a simple goitre for seventeen years, and heart trouble had been in evidence for three years. She had received electrical treatment and had taken hydrobromate of quinine and ergotine capsules. She had had a bad heart attack in April, 1917. When first seen her pulse was 132-140, blood pressure 170, neck measurements 12½" and 14" respectively, there were pressure symptoms, and her weight was 101 pounds. Treatment was begun in August, 1917, and she was given 1105 mg. hrs. of radium. By December she showed a pulse of 86, blood pressure of 140, and a weight of 114 pounds. In January, 1920, she reported that she was in excellent health and that then her weight was 125 pounds.

Case 1283.—Miss M., 35 years of age, came to me in a very nervous condition, showing tremor and tachycardia with some exophthalmos. The neck measurements were 12" and 14", and the pulse 110. She began treatment in March, 1918, and in August the measurements of the neck were 12" and 13½" and the pulse was 72. There was no tremor and she looked and felt quite well. She received altogether 650 mg. hrs. of radium.

Case 1274.—Mrs. D., aged 48, began treatment in March, 1918. A goitre had been present for ten years with very marked nervous symptoms three years previously. The menopause had occurred in November, 1916. When first seen by me she showed much nervousness, mental excitement, tremor, palpita-

tion, tachycardia, headache and nervous insomnia. The neck measurements were 13" and 15½". She received 733 mg. hrs. of radium, and when seen in September, 1919, she was in excellent health, there had been marked improvement in the symptoms and the size of the neck had decreased to 14½" in the largest part.

Case 1213.—This is one of the most striking cases of toxic goitre which I have treated, from the point of view of the effect that the disease may produce on the mentality of the patient. The patient, Mrs. B., had been married for four years and had had one child. When she began treatment her mental condition was so far from normal that her husband was on the point of making application for a separation. She was extremely nervous, with much palpitation and exophthalmos. Her pulse was 120, and the neck measurements were 12" and 13½". She received in all 808 mg. hrs. of radium. She began treatment in December, 1917, and when last heard from in November, 1919, her pulse was 62, and the eyes and heart were normal; her home life was normal and happy and she was able to do all her own work and also some outside work; she experienced no discontentment or melancholy.

Case 713.—Miss W., aged 45, came to me in October, 1915. She had been in hospital the previous March and when first seen was extremely nervous; she complained of a sick, nervous feeling. The pulse was variable from 68 to 120, and on exertion even 130; the neck measured 12½" and 14½"; the left lobe of the thyroid was prominent; the eyes were prominent and easily strained; she complained of many headaches and her weight was 117½ pounds. In March, 1917, after she had received about 2000 mg. hrs. of radium, she seemed quite well. Her weight was 144, pulse 76, even and regular, the neck measurement had decreased slightly to 14" and the eyes were much improved. The last time she was seen was in August, 1919, when she was still in excellent health.

Case 405.—Miss K., aged 21, consulted me in May, 1913. For a year she had been so nervous, excitable and changed in disposition, that her parents feared for her mental condition. When she first came under observation she was in a highly nervous condition, with marked tremor, cardiac rapidity, and enlargement of the thyroid, the circumference of the neck being 14 inches. She was given the regular treatment with radium, supplemented by rest in bed, an ice-bag over the heart, and the

usual medicinal administration. Three months later the neck was only 12½ inches in circumference and the tachycardia and nervous symptoms had disappeared. In March, 1920, she was reported as being in excellent health, and living a normal life.

Case 611.—A girl of 19, presented a typical picture of toxic goitre. She began treatment in December, 1914. The thyroid was fairly prominent, the circumference of the neck being 14½". There was well marked exophthalmos, the pulse rate was 120, and the patient was very nervous. No benefit had resulted from all ordinary measures of medical treatment, which had included the administration of hydrobromate of quinine and ergotine and of Mœbius' serum, together with absolute rest for some months. She was kept in bed, and ice-bag was used, and the quinine and ergotine were continued. In April, 1915, the pulse rate had dropped to 76, tremor had disappeared, and the exophthalmos was scarcely noticeable. She has since married and now has one child. In September, 1919, she reported that she was enjoying perfect health. This case is especially interesting in that before the use of radium no improvement could be observed in the patient's condition, although she had been under treatment for two years with an excellent internist.

Case 1173.—Miss M. came to me in October, 1917. In March, 1917, she had noticed pains in the back of her head; her tonsils were removed, but the pain remained. In September she noticed a rapid pulse and nervousness, and was kept in bed for over a month; her neck measurement was 12" and 13", pulse 134, and weight ninety-two pounds. She was given 1000 mg. hrs. of radium up to July, 1918, and by April her weight was 108½, and her pulse 80 to 96. When seen in July, 1918, she was in excellent condition.

Group C.—Grave Toxic Goitre With Little or no Enlargement of the Thyroid Gland.

Case 505.—Mrs. K., aged 35, came to me in February, 1914. She had suffered for five months previously from exophthalmic goitre, which developed six months after the removal of the ovaries. The thyroid gland was only slightly enlarged, but there was well marked tremor, and the pulse rate was 140. She had been treated at home by rest in bed, suitable diet and medication; together with other ordinary recognized methods of treatment, but without result. As a last resort she was sent to

me for radium treatment. I prescribed absolute rest in bed with an ice-bag over the præcordia, and the administration thrice daily of hydrobromate of quinine and ergotin. In addition heavy radiation was instituted over the thyroid. The improvement was marvellous. Within two weeks the pulse rate had dropped to 75, and the nervousness had almost entirely disappeared. The patient was kept under observation for six weeks, when she went home in apparently normal health. When seen again, about six months later, there had been no return of the symptoms of toxic goitre, and I am informed that she continues well.

Case 1601.—Mr. J., aged 21, noticed the onset of exophthalmos and nervous symptoms in July, 1918; he suffered loss of weight; when seen in March, 1919, the teeth were in bad condition and tonsilitis was present, the follicles being filled with pus. His weight was 101 and pulse 150; there was very slight enlargement of the gland. He received a treatment of 360 mg. hrs. in March, and in May, after having the teeth and tonsils attended to, the pulse was 80, and the general condition was much improved. In August, after he had had a further raying of 255 mg. hrs. the pulse was 116, the exophthalmos still marked but lessened, Von Graefe's sign was improved, and his weight had risen to 121½. When last seen in December, 1919, his general condition was good, pulse was 90, and weight 121½.

Case 1346.—Mrs. O., 36 years of age, noticed a slight enlargement of the thyroid in December, 1917. She consulted me in May, 1918, in a very poor condition; she had been rapidly losing weight since December. Her weight in May was 83 pounds and her pulse 150; she received three treatments between May and August, and at the end of that time her weight was 110¾ pounds, and her pulse had fallen to normal. She was in good health when last heard from.

Case 678.—Mrs. C., aged 27. Protuberance of the eyeballs was first noticed after an attack of influenza in the spring of 1913, and subsequently there was dyspnœa and palpitation. During the following winter the symptoms diminished somewhat in severity, but after an attack of tonsilitis in March, 1915, she began to have attacks of vomiting, suffering from palpitation and she was very easily excited, the action of the heart becoming very rapid. In June, 1915, she was kept in bed for five weeks, when her pulse became normal. When seen in

August, 1915, there was no enlargement of the thyroid, but the eyes were very prominent, and the pulse ranged from 84 to 120. Radiation was given over the thyroid, and in October she reported that she was very much better, the pulse was steadier, and she had gained in weight. In January, 1916, after further treatment, she was able to take short walks and do light housework without disturbing the pulse; nervousness had almost disappeared, and instead of having become a confirmed invalid she was now a normal young woman. She received various treatments after the above date, and in March, 1920, she was in very good health.

Case 1139.—Miss E., aged 40, musician. In May, 1915, there was extreme exophthalmos with tachycardia and tremor; there was also mental unrest caused by overwork and nervous shock; the gland was very slightly enlarged. At this date she was ordered to have rest in bed, when sedatives were administered, followed by thyroid tablets, of which she took two to six daily, and she continued under the same physician until September, 1917, when she consulted me. When I first saw her the symptoms of toxic goitre were most marked, there was exophthalmos, a pulse rate of 130 and hypertension. After the application of radium, extending over a period of three months, normal conditions were restored, and at date of writing she enjoys most excellent health.

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Bibliography.

[1]Aikins, Radiumtherapy in Hyperthyroidism, with Observations on the Endocrinous System, *Canadian Practitioner*, August, 1918.
[2]Beebe, *Medical Record*, Feb. 9, 1916.
[3]Boggs, *American Journal of Roentgenology*, Dec. 1919, page 613.
[4]Creyx, *Jour. de Med. de Bordeaux*, 1918, LXXXIX, 314.
[5]Dieulafoy, *Textbook of Medicine*, Vol. I, pages 458 and 467.
[6]Etienne et Richard, Bull. et Mem. Soc. Des Hop. de Paris, 1918, 3 s, XLII, 1196 and 1199.
[7]Knox, *Radio-therapeutics*, page 468.
[8]McCarrison, *The Thyroid Gland*, page 52.
[9]*Mississippi Valley Medical Journal*, October, 1918.
[10]O'Day, *New York Medical Journal*, Feb. 14, 1920, page 287.
[11]Sinclair, *American Medical*, New Series, Vol. XI., No. 12, pages 852 to 854, December, 1916.
[12]Turner, *Edinburgh Medical Journal*, February, 1919.

SIR WILLIAM OSLER

The Osler Memorial number of the C.M.A.J. contains much information about Sir William. We extract certain portions which will be found very interesting, especially those referring to his boyhood days, together with his life work in Montreal, United States and Great Britain, including Adami's account of the "last days." The different authors from whom we quote are all well known, with, perhaps, the exception of the youngest, Dr. Archibald Malloch, whose relationship with Osler for five years was very intimate. He is a native of Hamilton, a son of the late Dr. Archibald Malloch of that city, and one of the ablest of McGill's younger graduates.

Biographical Sketch.

Sir William Osler was born at Bond head, Ontario, in 1849. His father was a Church of England clergyman, the Rev. F. L. Osler, M.A. (Cantab.). He was born on July 12th, hence was called William after William of Orange. Educated at Trinity School, Trinity College, Toronto, Toronto University, and McGill University, Montreal, he graduated in medicine in 1872. He then went abroad for two years and studied in London, Vienna and Berlin. On his return to Montreal in 1874, he was appointed to the Chair of the Institutes of Medicine in McGill University, and held this chair for ten years.

Dr. Osler was called to Philadelphia to the Chair of Clinical Medicine in Pennsylvania University in 1884, and in 1889, when the new Johns Hopkins University and Hospital was forming a medical faculty, the Chair of Medicine was offered to him. He accepted this post and remained there until 1904.

Sir William Osler had received many honors from home and foreign lands; he had a hatful of LL.D.'s, was honorary member of many foreign societies, was F.R.S. and F.R.C.P., London, and was made a baronet in 1911.

Sir William was married in 1892 to Mrs. Samuel Gross, née Revere, of Boston, Mass., by whom he is survived. He had one son, who was the joy of his father's heart.

F. J. Sheppard.

The Boyhood of Sir William Osler.

Any association with Sir William Osler quickly impressed one with the fact that to his uniquely radiant disposition guid-

ing principles must have been early applied by no uncertain hands. Guiding principles strapped on by his two remarkable parents led him gently and profitably through infancy and early days to the hands of the finishing trainers, King, Johnson and Bovell. His father—priest, counsellor, adviser to the Irish settlers north of Toronto—was one of Sir William's first guides and teachers.

Co-partner to this man in the mission work, and in the upbringing of their family, was a no less wonderful woman, Sir William's mother. Gently born and reared in a family who bitterly opposed her marriage with the self-immolating missionary, it can have been no easy transition for her, the leaving England for a homeless wild, but we see her nevertheless at once established as a teacher, unofficial but efficient, of the untrained emigrant women. Their district-wide influence and the affection returned to these two missionary pioneers showed well the measure of their work and adaptability.

After nine years of healthy infancy and simple childhood at Bond Head, a village near Newmarket, and the Holland Landing, Bond Head is exchanged for the comparatively settled Dundas valley. The well-known grammar school appealed to many parents ambitious for their children's prospects. King, graduate in classics of Trinity College, Dublin, continued the teachings begun by the parents, classical groundings which eventually helped place the Osler of later days in the presidency of the British Classical Association. The active, joyous part of Sir William's life was staged in Dundas.

Into Osler's life came now the influence which above all others was to take him from amongst his brethren with a "leave all and follow me" command; well taught, well-trained, developing rapidly, he was placed under the Reverend W. A. Johnson at Weston.

Norman B. Gwyn.

Montreal Days.

Shortly after his graduation in April, 1872, William Osler sailed for England, where for many months he worked in the Physiological Laboratory of University College, under the direction of Professor Burdon Sanderson. The winter of 1873 saw him in Berlin studying pathology under Virchow, and attending the ward clinics of Frerichs, Hoffman, Ewald and Traube.

Early in 1874, he left Berlin for Vienna, where he spent the

early months of the year in the wards of Hebra, Widerhoffer and Bamberger.

He returned to Montreal in the late summer of 1874, full of enthusiasm. The Chair of the Institutes of Medicine in McGill University was offered to him and accepted with diffidence:—"He had only hoped for a demonstratorship."

At the opening of the session of 1877, Professor Osler was chosen to deliver the introductory address, which is described by Dr. Small as probably his first public address, and which had, even at that early date, the characteristic Oslerian quality of containing much sound advice interspersed with numerous quotations, chiefly from the writings of Sir Thomas Browne.

In 1878, he was elected attending physician to the Montreal General Hospital and almost immediately afterwards sailed for London, in company with Dr. George Ross, where he passed the examinations for membership of the College of Physicians of London, and spent several months studying the clinical methods of Charles Murchison at St. Thomas's, Frederick Roberts at University College Hospital, and William Gee at St. Bartholomew's.

In 1879 the Faculty provided the means for the practical teaching of physiology by the establishment of a Physiological Laboratory which was placed under the direction of Dr. Osler. Here for the next five years he worked, teaching physiology and pathology during the winter sessions and clinical medicine in the summer months.

Dr. Osler was not only a keen student of human pathology, but quite early in his career became associated with the Veterinary School of Medicine, and Dr. Duncan McEachren, as Dean, placed every facility for investigation at his disposal. Of this opportunity he made excellent use.

During these ten years of active work in Montreal Dr. William Osler was not only a frequent contributor to the Canada Medical and Surgical Journal, but was also an active member of its Editorial Board.

A. D. Blackader.

Early Days at the Johns Hopkins Hospital.

It is a far cry back to the opening of the Johns Hopkins Hospital in May, 1889. Through the vista of thirty-one years the recollections of the events and personalities of those early days of the hospital are inevitably blurred—the outlines have

lost their sharpness, the colors have faded a little—all except those of two or three outstanding figures, Daniel C. Gilman, president of the university and hospital, William H. Welch, pathologist, and William Osler, physician-in-chief. It was my great good fortune to have been associated with Dr. Osler as first resident physician for two and a half years.

It would be idle to say that patients at once flocked in large numbers to the spacious and well appointed wards. There can be no harm in stating now, at this distance, that the attitude of the general public of Baltimore was at first rather lukewarm toward the new institution. The Baltimoreans of that day were essentially clannish and "southern," and as most of the heads of the hospital departments had been chosen from other centres of medical education in "the north," there was no immediate bond of union between the hospital staff and the public, who clung to their local medical authorities. It is only fair to state that this feeling has entirely disappeared, and that Baltimore is justly proud of its great hospital and medical school.

To no one more than to Dr. Osler—to his personal charm and tact no less than to his great professional attainments—is due the credit of having "broken the ice" and established the most cordial and intimate relations between the general medical profession and the public of Baltimore and the Johns Hopkins Hospital.

The organization of an outpatient department, so essential as a feeder to the wards, was at first one of Dr. Osler's chief pre-occupations, and this phase of the hospital's activities very soon attracted a large and appreciative public.

In this early stage of the Johns Hopkins Hospital there was no under-graduate teaching. The university had not sufficient funds to organize a medical school, and Dr. Osler's great gifts as a clinical teacher found no expression except in the instruction of a somewhat motley group of post-graduate students who came from far and near attracted by his reputation.

My impression of Dr. Osler as a clinical teacher is that he was at his best in ward-rounds rather than in theatre clinics. He seemed more at ease by the bedside than when delivering a clinical lecture. One could appreciate at the bedside his extraordinarily keen powers of observation and the almost uncanny flair he had for the case of rare disease—the result of wide reading combined with a most retentive memory of all he had seen in his vast and varied experience. He was not a fluent

speaker—much less so than many lesser lights—and one missed in the spoken word the ease, elegance and brilliance so conspicuous in his writings.

It was in the spring of 1891 that the "Principles and Practice of Medicine" first took definite shape. It is safe to say that the project had long been in his mind, but it is probable his manifold activities while he was in Philadelphia prevented him from taking the leisure necessary for composition, while at Baltimore, at least in the early days, he had more peace and quiet for intensive literary work. Be that as it may, he waived the usual summer vacation—never a holiday in the ordinary sense of the word, for he was always busy with some aspect of his profession at home or abroad—and settled down to dictating his *magnum opus* to his secretary, and when not dictating, making voluminous notes for the next day's work. He labored in a special room of the administration building, far away from the bustle of the corridors and wards, and as the summer wore on could be found there, working at high pressure early and late, an example of ceaseless industry and a marvel to his house-staff, to whom the ordinary routine of hospital duties seemed sufficient in that moist and suffocating heat.

H. A. Lafleur.

Sir William at Oxford.

It is difficult here to do more than merely outline the life and influence of a great man during fifteen busy years, and when the man is Osler the task is not more easy. Perhaps my close association with him during the past five years may make it possible for me to jot down some notes of incidents in his life.

So much a "servant of the public" at Baltimore, with every year his professional work becoming heavier and heavier, and at times, "almost at the breaking point," Osler felt that to attempt to keep up would in a short time kill him. He was offered the Regius Professorship of Medicine at Oxford and accepted it.

Little did he know that over here it was going to be just as impossible for him to spare himself. With each succeeding year the volume of his work increased. The physical exertion, however, was not quite so great as at Baltimore, and from the age of fifty-five to seventy years he was able to accomplish for

his fellow man what to many men would be counted a life's work.

At the Oxford Medical School only the primary subjects are taught and for his clinical work the student goes to London, but finally tries his examinations for the M.B. at Oxford. Osler took a great interest in the organization of the various departments and in the teaching of the pre-clinical subjects, including pathology, and nowhere, one might say, are better courses offered in these subjects than at Oxford. It was extraordinary how Sir William sustained his interest in problems of Anatomy, Physiology and Pathology.

The Regius Professor of Medicine is, of course, head of the school, but is required to give few lectures. Every Sunday morning during term, however, Osler made rounds in the wards of the Radcliffe Infirmary, which, by the way, is one of the best county infirmaries in England. "Just to keep my hand in," he used to say of these weekly clinics.

Above all, he taught the students to use their eyes. Sometimes half an hour was spent in merely looking at the patient and talking over the things that could be seen under Sir William's guidance. One somehow got the idea that he would never need more than his eyes to read the nature of the disease. The greatest gift a teacher can have is to so say things that they make an indelible impression on his students and Sir William had a very remarkable way of doing this. I can see him now standing at the bedside, with one foot slightly in advance of the other and the outer edge of his shoe resting on the floor. He always remembered facts in connection with cases of his own and there would often follow a short account of "that case at the Montreal General Hospital," or of cases at Philadelphia, Baltimore or Oxford. If the case were an abdominal one, Sir William would commence by saying, "Remember the abdomen begins at the neck and ends at the knees!" That was his way of saying that nothing must be missed in examining a region.

Sir William's consulting work did not demand so much of his time as at Baltimore, but it is remarkable the number of patients he did see, both in Oxford and indeed in almost any part of England, when one thinks of all the other engagements he had.

Perhaps, Sir William's greatest interest at Oxford outside of his medical work lay in the Bodleian Library. He was one of the eight *ex-officio* Curators, and no one could have been

keener about its history since the time when the founder "set up his staffe at the Librarie-dore in Oxon." It is astonishing how soon after Sir William arrived at Oxford he became an acknowledged authority on the history of many of her institutions.

During the war he was a civilian member of the committees at the War Office, and on medical questions, such as the establishments of special hospitals, his advice was invaluable. I fancy that many of these ventures, for it was a war in which much that was new had to be thought of to meet changing conditions, were due to his suggestion. The Director General of Medical Services used often to write long letters to Sir William in his own hand, seeking his advice and opinion on many important questions. Then, too, Sir William was on the committee concerned with the Medical History of the War and on the War Reports Committee. We Canadians know what valuable aid he lent to the Canadian Army Medical Corps.

Sir William was an Honorary Colonel, and, although not "called up," as a medical consultant, he paid a weekly visit to the Duchess of Connaught's Red Cross Hospital at Taplow. As consultant he also went to Beachborough, to the Heart Hospital at Hampstead or Colchester, and to the American Hospital at Paignton. Later on he made a point of visiting as far as possible all the American hospitals in the south of England or around about London. On the receipt of a cable, requesting him to do so, he would go anywhere to any hospital in England to see a Canadian or American soldier and reply at once with a message to the anxious parents that all possible was being done.

Sir William was on the Council of the National Association for the prevention of consumption and other forms of tuberculosis, and last autumn was prevented by his illness from delivering an address at their gathering. He would scarcely ever decline to act on any committee or commission, no matter how heavy the work it might involve or how many trips to London, if only he thought he would be of service toward the commonwealth.

It is hardly any exaggeration to say that almost every medical man from Canada or the United States, who came to England for any length of time, went to Oxford to see Sir William Osler; this was also the case with many visitors who were not of the profession. All were welcome, and all at once were made to feel that they were at home, invited to stay for a meal or

remain for the night. It is extraordinary, but in the course of one year during the war, fifteen hundred people were there for at least one meal. The Oslers regarded this as part of their war work, and none did more than they for the stranger in England.

Throughout the greater part of the war, Sir William wrote practically all of his own letters. How he got through them it is almost impossible to understand.

Of late he sometimes spoke to me of the chance of his not living long; and when his illness was upon him, he saw clearly from the first that there could be but one end. With calm fortitude he bore the suffering and pain and never uttered plaint.

ARCHIBALD MALLOCH.

THE LAST DAYS.

At seventy, Sir William was still in the thought of all of us in the prime of life. He came of a long-lived stock, and long life is pre-eminently an inherited possession. There were no signs of arterial degeneration. We still endowed him with that extraordinary vitality which had been his ever since we first knew him. It is true that from the beginning of the last lingering illness he believed that the end was near. We who thought we knew him could not share that belief. We did not, or could not, read the writing on the wall. Yet looking backwards now, we realize that for the last eighteen months he had more than once succumbed to minor ailments which in the old days would have been thrown off with ease. Almost may we date the beginning of the end from the day on which he attained to the allotted span of life.

It was on the eve of that day that Clifford Allbutt had made the presentation, and Osler had been profoundly affected. Returning to Oxford, on the birthday itself he took to his bed with a feverish cold, but the annual holiday which he took in Jersey appeared to restore the old vigor. He regained weight, bathed daily, and returned greatly benefited. At the end of September he was called up to Glasgow, and took occasion to journey over to Edinburgh to visit colleagues there. His return journey was arrested at Newcastle by the great railway strike. Unwilling to be detained, he eventually secured a car and motored thence to Oxford. The journey took two days in cold and cheerless weather, and there resulted an acute, but irregular form of broncho-pneumonia accompanied by great depression.

Nevertheless, even in the early active stage, the physical signs and general condition did not seem to those in attendance to be as serious as he himself regarded them.

We who thought we knew him intimately were more sanguine than those further removed. Walking with Sherrington after the service, I heard from him the story of the old janitor at the physiological laboratory: "No, sir, I don't think Sir William will get better. These last months I have noticed him greeting you quite merry-like; but in between whiles his face has been grave as though he had something heavy on his mind, and he has walked in and out without once noticing me. It is Mr. Revere, sir, and Sir William won't get better."

That old janitor had made the correct prognosis: he had observed more than did those of us who thought ourselves the children of light. Those who came to know Revere Osler in 1915 and 1916 at No. 3 Canadian General Hospital, will understand what that only son was to his father, and can imagine what his death at the front meant to him. Yet, Sir William's legend ran like the sun-dial's: "*Non numero horas nisi serenas,*" or, better, in his own words, "*Aequanimitas.*" He had made it his rule in life to receive with equal mind the gifts and the stripes of fortune; and now not even those nearest to him should see how deep was the wound. He went about the day's work as before; showed the same keen interest in his friends and the profession: wrote to those friends the same abundant and characteristic brief notes of appreciation and encouragement; busied himself over his beloved library, adding to its treasures, elaborating the great "*catalogue raisonnée,*" and drawing out the conditions of his noble gift to the Medical Faculty of McGill University. He made his rounds at the Radcliffe with the same quizzical greeting and banter to patients, nurses and colleagues. The memorable Sunday afternoons at Norham Gardens continued with scarce a break. The younger members of the profession, graduate and undergraduate, along with all Canadians and Americans who happened to be in Oxford, received the same warm welcome. Nor in all these attentions to his friends did he for one moment lack the whole-souled support of Lady Osler. Particularly during the last year did he have at heart the Fellowship of Medicine and the bringing together of the profession on the two sides of the Atlantic.

It was very wonderful. But the strain was too great. The hair that had been so raven black became greyed, and the face

became lined; and acute observers, like the old janitor, saw the finer and surer evidences. Thus it was that through October, November, and December, he could not throw off the illness. There was evidently delayed resolution, with a development of local empyema, and, what is more, of multiple abscesses of the lung. Pus was drawn off, and a few days before the end resection of a rib and removal of more pus appeared to arrest the process and bring down and steady the temperature. He was very weak, but appeared to have turned the corner, when on the last Sunday in the old year the rupture of one of the abscesses was followed by hæmorrhage into the pleural cavity and with that came the end.

Doubtless by the time this reaches Canada, it will be known that, in accordance with his expressed desire and as a last gift, Sir William's ashes are to be conveyed to Montreal, there to be deposited in the midst of his books in the Medical College of his student days, in which he held his first Chair, and which, to the end, retained his deep affection. With loving care those books were brought together, the first and finest editions of the masterpieces of medical literature.

TREATMENT OF UTERINE MYOMATA BY RADIUM

By F. Arnold Clarkson, M.B.,
Chief of Medical Service, Toronto Western Hospital.

Since Abbe in 1905 first applied radium inside the uterus for the control of bleeding in fibroids, a long series of cases, reported on both continents, has shown that not only can radium be used for the alleviation of certain symptoms of this disease but that, in a very large percentage of cases, the new growth itself could be removed *tuto, cito et jucunde.* All observers agree that in selected cases radium is the method of treatment of choice, that it is the remedy *par excellence* for the hæmorrhage, and that the ease and safety with which it can be applied have everything to recommend it.

The small series which we have to report from the Radium Institute during the past three years—twenty in all—has been in line with the observations of others. In five patients, moderate-sized tumors have entirely disappeared, and in one of these,

a woman 32 years of age, menstruation has continued regularly. In six others the tumor has decreased. One patient was operated on after two radium treatments, and before the effects could be expected. Another received an insufficient dosage—enough to cause the cessation of menstruation, but not enough to decrease the size of the tumor.

Several patients were referred because they were bad operative risks. One woman, aged 47, had bled for so long that she had to be transfused several times. Her hemoglobin was 30 per cent. In this case X-ray treatment was employed with radium and the results have been highly satisfactory. The hæmorrhage has ceased and the tumor lessened in size.

Another patient aged 50 was refused operation because her hæmoglobin was below 30 per cent. After two intra-uterine applications of radium, her hæmoglobin became normal, the tumor could no longer be palpated, and hence operative interference was not required.

Of the twenty patients that have been treated by radium, the youngest was 32. Five were between 30 and 40, three were 50 or older, and the remainder in the fifth decade. None of them, so far as we can learn, have become pregnant since treatment, although this condition is recorded several times in the literature.

The technic used is simple. After a cleansing douche, the cervix is drawn down, swabbed with iodine and gently dilated, if necessary. The radium is then inserted and held in place by gauze or a tampon. The stay in hospital is short and free from pain. In some of our patients one application was sufficient. In those under 40 the minimum dose, 500 mg.-hours, was given at first and repeated as often as necessary at intervals of six weeks. The object of this was to destroy the tumor but to preserve the functions of the ovaries.

The question of operation arises in nearly every case. We have felt that in all complications, such as salpingitis, cystic disease of the ovary, degeneration or infection of the tumor, etc., only surgical procedures should be advised. Furthermore a preliminary treatment with radium will often convert these patients from hazardous to safe risks. But in those cases where hæmorrhage is the only symptom, there can be no question. Radium, from the promptness with which it acts, the simplicity and safety of its application, the short time needed in the treatment, and the uniformly satisfactory results,

is in the same class of specifics as quinine and antotoxin. To quote from Kelly and Burnam, "In its brilliancy of curative results it is fully equal to radical surgical procedures, while offering the advantages of freedom of pain and the various post-operative complications and sequelæ. Furthermore, when radium fails, we still have the operation to fall back on and have lost nothing in the waiting."

421 West Bloor Street.

RADIUM IN THE TREATMENT OF RODENT ULCER

Frederick C. Harrison, B.A., M.B.
Dermatologist to St. Michael's and Grace Hospitals, Toronto.

In an experience extending over ten years, abundant opportunity has been given to study at first hand the use of radium in the basal-celled epithelioma of the skin—the so-called Rodent Ulcer. From the beginning of the use of radium therapeutically, the Rodent Ulcer showed itself to be the lesion *par excellence* in which the treatment was effective.

The writer has records of 212 cases of Rodent Ulcer treated since 1910, seen in association with Dr. W. H. B. Aikins, at the Radium Institute, Toronto. Curiously enough, as showing the impartial distribution of this lesion, men and women patients were equally divided, there being 106 of each. In 77 the disease had appeared within one year, in 49 the duration was two years, in 34 from two to four years, and in 52 over five years.

The nose was affected in 89 cases, the cheek in 70, the forehead and temple in 21, the eyelid in 10, the canthus of the eye in 7, the naso-labial fold in 6, the auricle in 5, the neck in 2, and the skin of the upper lip in 2.

Of this large number of cases only six have no record of the ultimate result. After receiving treatment the patients went home and neglected to write or report back for further examination; 21 are recent cases in which a final result has not yet been obtained; 179 cases are reported as clinically cured, that is, there is no ulceration present and the patients have been free from disease, in many cases since their first treatment,

years ago. In five the disease has been slowly progressive. One patient died of an intercurrent pneumonia.

These gratifying results have been obtained in several ways, the most important of which is to treat the patient thoroughly and effectively when he comes first under observation. An exposure to the radium rays sufficient to produce an active inflammatory reaction, leading to the formation of a scab or crust, which is detached in six to eight weeks, is highly desirable. The patient is asked to report, preferably in person, if not, by a letter from his physician, and further treatment given if it is indicated. The educational factor by which abnormal thickenings and scab formations on the skin are looked on with suspicion is also an important means of bringing patients for treatment before the deeper tissues are involved. When this latter has occurred, more particularly in lesions of the eyelids or canthi or the auricle, results are not obtained so quickly, and when underlying cartilage is affected a scar that will remain healed is difficult to obtain. Another class of case in which ultimate healing is apt to be very slow and tedious, is that in which many previous attempts at healing have been made by caustics, carbon dioxide, ionization, or the X-ray. The vitality of the soft parts thereby seems to become so impaired that the restorative function is very much in abeyance.

As to technique, the flat applicator is preferred, and usually no screening used other than the thin rubber to protect the surface of the placque. Exposures of 40 to 60 milligram-hours suffice, in most cases, to produce sufficient reaction in the course of a week or ten days to effectively destroy the involved area. Healing, as said above, then takes place under a crust. The resultant scar is singularly smooth and soft, and frequently becomes almost indistinguishable in a very short time.

The ease with which the treatment is undertaken by the patient, together with the very high percentage—in this series 84.43 per cent.—of clinical cures, have established Radium Therapy as the specific method of treating Basal-celled Carcinoma.

Editorials

CANCER

Among the various institutions engaged in research work having for its object the prevention and treatment of cancer none, perhaps, have done better work than the Rockefeller Institute and the American Society for the Control of Cancer in New York City. Dr. Harvey Gaylord, one of the directors of the State Institute for the study of malignant diseases, Buffalo, N.Y., has recently given us some very interesting information. Not long ago the sum of $225,000 was appropriated by the State of New York for the purchase of two and a quarter grams of radium. After October 15th any citizen of the United States may receive radium treatment free of charge from the supply thus furnished.

For some time the virtues of radium were, perhaps, overestimated by some and underestimated by others, but now there appears to be almost, if not quite, a general consensus of opinion that radium accomplishes much good in certain forms of cancer and absolutely cures the patients in other forms. Those who are using it to any considerable extent are learning from year to year more and more about its merits as well as its limitations. Indeed, wonderful progress has been made in this direction during the last six years.

We should ever keep in view, however, the important fact that we still have to rely to a large extent on surgical methods in our treatment of cancer.

Under the circumstances it is very fortunate that our institutes interested in this subject are

engaged in all sorts of research in both surgery and medicine, investigating all known and suggested remedial measures, including the use of the knife, radium, and various sorts of serum. These institutes are studying the very serious question in all its aspects, and we sincerely hope, as we also expect, that much good will accrue from their united efforts. A. H. W.

INDUSTRIAL HYGIENE

In his Health Bulletin for August, Dr. Hastings has something to say on the important question of Industrial Hygiene. He tells us that six years ago a division of Industrial Hygiene was established in his Department. Since then tens of thousands of dollars have been expended by employers in industries, especially in improving heating and ventilation and controlling dusts and gases. He speaks with much appreciation of the active and intelligent interest taken in the matter by many employers and, fortunately, the efficiency of the employees has been greatly increased by the methods adopted, especially as to ventilation and the control of dust.

We are glad to announce that great improvements have recently been made in the Provincial Department of Health, especially by the establishment of three new departments: (1) Industrial Hygiene, in charge of Dr. Cunningham; (2) Publicity, the object of which is to inform the public as to rules of hygiene, in charge of Dr. Middleton; (3) Control of Venereal Diseases, in charge of Dr. McClenahan.

We are glad to notice that the efforts of the Chief

Officer of Health of Ontario to improve the hygienic conditions of the province in every way are highly appreciated. It happens, fortunately, that the new Minister of Labor and Health is in the highest degree sympathetic with all such movements, and it appears now that the combination of health and labor is a very happy one. It is generally conceded that Dr. McCullough's Health Exhibit at the Canadian National Exhibition is altogether the best we have ever known in Canada.

ONTARIO TEMPERANCE ACT

A prominent physician of Ontario, who favors a proper or intelligent enforcement of the Ontario Temperance Act, has expressed certain views which are worth considering.

He presumes that it is generally conceded that intemperance is a very serious evil. He also considers that the use of automobiles, resulting in many accidents and deaths, is also a serious evil, and he thinks that both alcohol and automobiles should be placed under control.

As to alcohol, he thinks that the Government should establish at least one dispensary in each electoral district, and issue, upon application, annual purchase permits to adults over twenty-one years of age; the annual fee for such to be, say, $5.00; these permits not to be obtainable except from the inspector of the district where the applicant resides, and no liquor to be sold to any person not holding such a permit; all sales to be registered in a "Sales Register," giving date, kind of liquor sold, price, permit number, and signature of pur-

chaser. The purchase permit of any one found intoxicated in a public place to be cancelled; any permit to be liable to cancellation at any time should the department consider that the privilege was being abused. By such a system the department would have sole control over the purchasing power of every individual.

He has endeavored to enunciate these principles for something like fifteen years, and says that he has never met a single person, even the total abstainer, who did not agree with the suggestion; and many of them said, "Oh, if we had a law like that I should be perfectly satisfied." He thinks that no sensible intermediate course between the old vicious license system and total prohibition has ever been tried in this country.

PUBLIC HEALTH NURSES

We are very glad to announce that the University of Toronto has established a Department of Public Health Nursing, and in so doing has received very valuable assistance from the Canadian Red Cross Society. We believe that this was first advocated by Dr. George N. Nasmith.

Only graduate nurses registered as such in the various provinces will be admitted. Applications from provinces in which registration for nurses is not enforced will be accepted if they are eligible for membership in the Canadian National Association of Nurses.

The tuition fee for registration for a full term is $50.00.

WHAT HAPPENS TO THE MEDICAL STUDENT?

A few months ago Dr. Corner, after inquiring into the careers of ten years of students entered at St. Thomas's Hospital, London, reported as follows according to *The Hospital* (Eng.): Every year about 11 per cent. of the annual entry drop out and 2 per cent. die. Sir James Paget made a similar but broader inquiry concerning the students of St. Bartholomew's, and published the results, in 1869. He found 2.3 per cent. had distinguished success, 6.6 per cent. considerable success, 50 per cent. had fair success, 12 per cent. very limited success, while 28 per cent. failed entirely.

We are not sure that conditions are much better now; in fact we are rather inclined to think that they are worse. The prospect for those entering medicine is not very bright when we consider that the part and total failures together among those who enter medicine will be about 40 out of every 100.

PROFESSIONAL SECRECY

There was a great deal of discussion in both lay and medical publications after the Cambridge meeting of the B.M.A. regarding a doctor's position as to professional secrecy. It is generally understood that the doctor should not disclose information given him in confidence by a patient. The comments of the lay press were mostly judicious in tone.

It is generally conceded that there are cases where the most conscientious doctor will find great difficulty in deciding as to his correct course.

We are inclined to think that the discussion on the subject has accomplished little or no good. So many absurd opinions are expressed that the doctor who studies them all is apt to be confused.

A letter appearing in the London (Eng.) *Daily Mail* indicates that some one is extremely indignant about something the Association did, we don't know exactly what. But the writer says that at the Cambridge meeting the doctors raised a chorus of " No," in reply to the question, " Should a doctor tell the father of a girl that her proposed bridegroom had venereal disease if the bridegroom himself refused to confess?"

We are inclined to think that it is quite unnecessary to ask such a foolish question. One would suppose, to hear certain discussions, that it is quite a common thing to find a young man, seriously diseased, refuse to act on his doctor's advice, and commit the awful deed of marrying an innocent girl under such circumstances. There may be such blackguards, but the writer, after considerable experience in family practice, has never met one, nor has he ever heard of such a person in this Dominion of Canada.

MENTAL DEFECTIVES

The people of this country realize now, perhaps better than ever before, the sad condition of those whom we know as mental defectives. The authorities at Ottawa realize now the great importance attached to the exclusion of mental defectives from foreign countries. This can hardly be said to be due to any new light on the question, as they have

been kept informed regarding the wretched condition of their immigration methods for many years by such men as Montizambert, Bryce and Pagé. Dr. Hastings tells us that in thirty-eight schools in the city of Toronto there were last year 32,000 pupils, with over 500 mentally defective, that is, a percentage of 1.7. He advocated strongly the establishment of "industrial classes" in the different schools.

THE SMOKE NUISANCE

The so-called "smoke nuisance," perhaps, injures hygienic conditions more than is generally supposed. However, from every standpoint it is objectionable, and should be prevented. Many opinions in this direction have been expressed during the last twenty years, but during those years many fond hopes have ended in disappointments.

They are again making a determined effort to abate, and, if possible, to abolish the nuisance in Hamilton. Its present sanitary inspector, Mr. Thornley, formerly of Winnipeg, has commenced his campaign. He says the smoke nuisance is mostly caused by bituminous coal because of imperfect combustion, and that all smoke is waste of coal, being composed of particles of coal that escape by the chimney. When there is complete combustion there is no smoke, and when there is no smoke both money and health are saved.

The question is a complex one for many reasons. There is a great variety of furnaces, of which each one has its own peculiarities.

Mr. Thornley says there are various appliances

which can be used to produce perfect combustion. We have heard of such, but they appear to be slow in coming forward. We hope that Mr. Thornley will produce them. We are glad to add that the citizens of Hamilton have much confidence in his ability to do so.

SHORTER HOURS FOR WOMEN

Dr. Baillie-Smith, M.O.H. for Aberdeen, Scotland, recognized the fact that workers want shorter hours, but he does not know how the mother of a large family can obtain shorter hours and more rest. He wonders if the male workers will assist in household duties after their return from their labors. He considers that housework is essentially a woman's work but, in addition, there are many things in a household that should be the male member's work.

TELEPHONE RATES FOR PHYSICIANS

At a meeting of the physicians of East Toronto, Electoral District No. 11, held in the Academy of Medicine, September 16th, the proposed increase in telephone rates was discussed, after which an emphatic protest was recorded against it by a resolution passed unanimously. A few expressed the opinion that a reasonable increase in the rates might be necessary in the interests of the Telephone Company, but many thought that if its affairs were worked under the principle which obtains in the Consumers' Gas Company of Toronto, little if any increase would be required. All agreed that, in any event, physicians should pay flat rates only, as the proposed toll system was, in all respects, objectionable.

At the same meeting Dr. Edmund E. King, the present representative, was nominated as a candidate in the coming election for the Ontario Medical Council.

News Items

FAITH HEALING AND SUICIDE STARVATION

Bishop Quale, of St. Louis, in an address delivered September 1st, expressed the following opinions:

Trying to get well by faith healing is imposing upon God. We've got doctors and medicines, and we ought to use them.

Referring to Mayor MacSwiney, of Cork, he said:

If he doesn't eat pretty soon, he'll be a dead man. The world should repudiate such a man posing as a martyr when he is a fool.

PRAISE FOR CANADA

Sir James Purvis Stewart, the eminent nerve specialist, of London, Eng., consulting physician for the British Army at Salonica and Egypt, in a speech recently delivered in Toronto, said:

"A generation ago the popular impression of Canada among the English was that this was merely a land of the imagination. But the Boer War had wakened up the Englishman, while it had remained for the late war to write the story of Canada upon the heart of Great Britain in such manner that it will never be forgotten. He had seen something of Canadian surgeons, who had held their own with any men in the world. As to Canadian nurses, he felt that he could not express his full gratitude, but he gave the assurance that "as long as there is gratitude in the human heart, the nurses of Canada will be remembered in England." His object, he added, was merely to express his admiration, affection and gratitude to the Canadian people for the part they took in the war.

It was reported early in August that Dr. W. K. Ross, of Kingston, was appointed Medical Superintendent of the Hospital for the Insane, Brockville, in the place of Dr. J. C. Mitchell, deceased. Dr. F. S. Vrooman, Assistant Superintendent at Brockville, has been transferred to Whitby. Dr. G. E. Kidd, for some time junior officer in Brockville, has been made Assistant Superintendent in place of Dr. Vrooman. It is also stated that Dr. D. R. Fletcher has been transferred from Brockville to Whitby.

THE FIGHT AGAINST VENEREAL DISEASES

The meeting of the Toronto Branch of the Canadian National Council for Combating Venereal Disease was held at 154 Bay Street, Toronto, September 16th. Those present were Dr. Fred Marlow, Chairman; Father Minehan, Mr. Smythe, Mrs. Sidney Small, Miss Brown, Miss Pearce, Major Fred Smith, Drs. McClenahan, Guyatt, Defries and Bates. It was explained that the Dominion and Provincial Governments had done well in putting aside about $400,000 towards expenses of treatment and that the National Council's part will be to enlist the support of the community at large, to do certain types of investigation that cannot be undertaken by the governments, and to do educational work. It was felt that lecturers might do work in factories and that educational literature should be distributed. It was thought that a social worker might be employed who would undertake investigations, particularly in jails and police courts. It was finally decided to communicate with various clubs, such as the Rotary, Empire, Canadian, Kiwanis, Women's Canadian Club, Women's Business Club, Local Council for Women, and also the Toronto Board of Trade, asking all to place a discussion of the venereal disease question on their programmes for this year.

CHILDREN'S HOSTELS

The headquarters of the Soldiers' Aid Commission hostels for children was moved on October 1st from Pembroke Street to 621 Jarvis Street, Toronto. The children received are those of soldiers or widows of soldiers.

CANADIAN MEDICAL ASSOCIATION

As previously announced, the next meeting of the Canadian Association will be held in Halifax, under the presidency of Dr. Murdoch Cameron. To those who wonder why Halifax was selected we have to state that the choice of the Association while meeting at Vancouver was considerably restricted. There were only three invitations for the next meeting received, from London, Halifax and Niagara Falls. It happens that people in all parts of Canada have a very high regard for that beautiful old

city, Halifax, and, while some of us think that London, Ontario, would have attracted a larger assemblage, the majority of us are glad that Halifax was chosen. It is satisfactory to learn from the Journal of the Association that the selection of Halifax met with the unanimous approval of the general Association at Vancouver.

ONTARIO MEDICAL ASSOCIATION

The next annual meeting of the Ontario Medical Association, will be held at The Clifton House, Niagara Falls, May 31 to June 3, 1921. Without any discussion of the merits of the district as a place for the meeting, we are glad indeed to think that Niagara Falls has been chosen. We have very pleasant recollections of the charming meeting which was held at The Clifton House in 1910, under the Presidency of Dr. H. R. Casgrain, Windsor.

At the last annual meeting it was decided to incorporate the association under the Ontario Companies Act. We are told in a communication from the Secretary that "our field of usefulness to the profession can be considerably enhanced, working under the privileges of a charter." We, like a good many other members of the Association, do not at present understand exactly how our field of usefulness will be enhanced, but, at the same time, we have no desire to raise any objection.

WALLINGFORD HALL

A residence at 95 St. George Street, for women students attending McMaster University, was recently purchased. It has been named Wallingford Hall, the name of the home of the chief benefactor, Mr. William Davies. It will accommodate about thirty students.

The Overseas Mail, (Eng.), thinks that men like MacSwiney, of Cork, are quite numerous, and, as a rule, will cheerfully die for their cause, and it adds that, as a matter of fact, political martyrdom is the religion of young Ireland.

Sometimes Coffee Disagrees

and frequently good medical advice dictates a change in regimen

When it seems best to curtail or prohibit the use of beverages containing caffein or any ingredient which limits comfort or impairs health, it is always safe and usually good treatment to recommend

Instant Postum

This pure and wholesome beverage made of wheat and molasses, roasted just like coffee, has a flavor much like the higher grades of coffee. It delights the taste, and affords in hot cup form a gentle, agreeable stimulation without hurt or reaction of any kind.

Samples of Instant Postum, Grape-Nuts and Post Toasties, for personal and clinical examination, will be sent on request to any physician who has not received them.

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Windsor, Ontario

UNIVERSITY OF TORONTO

Nominations for the approaching election of the members of the Senate were received up to September 1st. Sir William Meredith has been re-elected Chancellor by acclamation. Eighteen candidates have been nominated for Arts, twelve to be elected. The following representatives in medicine have been elected by acclamation: Drs. Stowe-Gullen, Charles Hastings, Arthur Hendrick and Andrew Moorhead.

The next meeting of the Canadian Public Health Association will have for its officers: President, Dr. John Amyot; Secretary, Dr. R. D. Defries; Treasurer, Dr. Fred Adams. At the time of writing we do not know where it will be held.

A new medical building is being erected at the University of Alberta, Edmonton. Dr. Ardrey Dowas, formerly of McGill Medical College, has been appointed Professor of Physiology in this University.

The Provincial Red Cross Society of British Columbia has offered to endow its Chair of Public Health if established in the University of British Columbia, paying the salary of the professor for three years.

Quotations from Doctors: No. 7

"The majority of cases of pneumonia, in my experience of thirty years' medical practice, have had more or less pleuritic complications.

"I presume this is the experience of my colleagues.

"The most grateful application that can be made to a patient suffering with pneumonia is a warm

poultice under a moderately firm binder or jacket. Its action is, first through the superficial vessels, and then more slowly but just as efficiently on the deeper congested parts."

J. A. H., M.D.,
NEW YORK CITY, N.Y

THE DENVER CHEMICAL MFG. COMPANY
MONTREAL

P.—4

Personals

Professor Irving H. Cameron returned to Toronto, after a trip to England, early in September.

Dr. M. B. Whyte has resigned his position in the Department of Public Health, Toronto.

The King of Belgium has conferred on Dr. Herbert Bruce, of Toronto, the Order of the Crown (Chevalier).

Dr. Grant Fleming has been appointed Deputy Medical Officer of Health, Toronto.

Dr. L. R. Hess, of Hamilton, has removed his office to 132 Main Street East, and will continue to limit his practice to the use of X-ray in diagnosis and treatment.

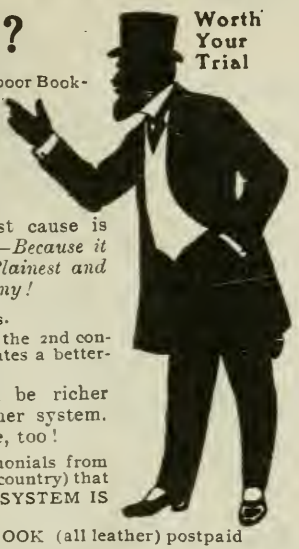
Dr. Bryce McMurrich, who returned to Toronto from China in July, has been appointed superintendent of the Speedwell Hospital at Guelph.

Dr. Carlton Jones (Major-General), prominent in Canadian Military medical affairs for some years, has left Ottawa, and is now residing in Italy.

Dr. John G. Adami, Vice-chancellor of the University of Liverpool, formerly Professor of Pathology of McGill University, has been elected an honorary Fellow of Christ College, Cambridge, England.

Few Doctors Die Rich!

WHY?



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Face Fallacy with Fact

Repetition and reiteration of erroneous conclusions arrived at without logical deduction and study of actual facts, circulate fallacies which often handicap and hinder the physician in his efforts to do the best thing for his patients.

IT IS A FACT

that Borden's Eagle Brand constitutes, when properly diluted and given, an adequate, properly-balanced, safe and satisfactory food for infants from birth up to one year of age. This has been incontrovertibly established by the records and results of our Baby Welfare Department and experience of physicians and nurses all over the world.

IT IS A FALLACY

that condensed milk is dangerously deficient in fat. That its sugar content is excessive and unsafe. That its use predisposes to rickets or malnutrition. That it should not be used for infant feeding. To face such fallacies with facts, in the interest of the medical profession, mothers and children, will be the object and accomplishment of subsequent advertisements in this space.

See this space in October number.

BORDEN MILK CO., LIMITED
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Borden's
EAGLE BRAND
Condensed Milk

Obituary

WILLIAM J. FISCHER, M.D.

Dr. W. J. Fischer died at his home in Waterloo, after an illness of several months, August 15th, aged 42. He graduated M.D. from the Western University in 1901, and after spending two years as House Surgeon in St. Joseph's Hospital, London, commenced practice in Waterloo, forming a partnership with Dr. J. H. Webb, which partnership continued for seven years. He then practised alone in the same town up to the time of his last illness (sarcoma). In addition to medical practice he did much literary work, was the author of two novels, two volumes of verse, one book of short stories, and contributed many articles to magazines. He was a corresponding member of the American Literary Society, a member of the Author's Club, London, England, and for some time a member of the Senate of the Western University.

THOMAS W. BEEMAN, M.C.P. & S.O.

Dr. T. W. Beeman died at his home in Perth, Ontario, on September 9th. He received his medical education at Kingston, and became a member of the College of Physicians and Surgeons in 1879. He immediately settled in Perth and practised in that town up to the time of his last illness.

WILLIAM HODGSON ELLIS, M.A., M.D., LL.D.

Some of us well remember Professor Ellis in the old college days of '64 and after, when we belonged to No. 9 Company, Q.O.R. A friend remarked not long ago, "My recollection of those days brings back to me a picture of Bill Ellis discoursing sweet music on a tin whistle while others were singing in a very lusty way the song of the 'mer-ma-id in the bottom of the deep blue sea'." In those happy days we not only loved Ellis but also admired him because of the versatility of his talents, being a good musician, a good artist, a good poet, a good

Try a Lifebuoy Bath Yourself, Doctor -

See if its cleanly odour, its creamy, velvety lather and the healing effects of the antiseptic, vegetable oils do not have a wonderful tonic influence on a tired body.

LIFEBUOY HEALTH SOAP

It is more than soap—it is antiseptic and germicidal in character. It is the best for the bath at any age. It is, par excellence, the soap for washing all garments that touch the skin, as well as for all housework.

There is neither age limit nor exemption for man, woman or child—everyone has a daily fight to carry on against germs and microbes of diseases. Lifebuoy Soap is a real cleanser and germ killer.

Lifebuoy Soap is sold by all grocers and stores

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TORONTO

sport, and, all round, one of the best fellows that ever lived. We may say in this connection that he became in later years a good physician, a good engineer, a good chemist, and a good Dean of the Faculty of Applied Science.

At a certain time there came for us at Ridgeway (Limeridge) in '66 a very unhappy day, as to which we may let Ellis speak:

> When you and I were young, Adam,
> In good Victoria's time,
> We stood together, side by side,
> When Mewburn and Mackenzie died,
> And Tempest, "ere their prime."
>
> But say not they have left no peer—
> That were unwelcome praise
> To those three friends of ours long dead,
> Whose blood for fatherland was shed
> In good Victoria's days.

Professor Ellis was born in England in 1845, graduated from the University of Toronto Arts, in 1867; Medicine, 1870. He then went to Great Britain and became L.R.C.P. in 1871.

While in Great Britain he paid especial attention to midwifery in London and Dublin, intending to go into general practice in Toronto, devoting himself largely to midwifery. On his return to Toronto he very soon gave up the idea of practising medicine and devoted his attention largely to chemistry, teaching that subject in the old school of Technology, which existed before the School of Practical Science. Afterwards he became Professor of Applied Chemistry in the University of Toronto, and finally Dean of the Faculty of Applied Science and Engineering, from which position he retired last year.

Apart from his work in science he had both literary tastes and literary ability, being in that regard, as thought by some good judges, quite in the Hutton class.

We agree with Professor Haultain, who said, "Perhaps his most outstanding characteristic was the love that he inspired in his associates and students. He was essentially a gentle and quiet man, but he showed great strength and decision in times of difficulty." It is not easy to give anything like a proper description of Ellis's character, but we can say he was in every way one of the best.

THE STORM BINDER AND ABDOMINAL SUPPORTER

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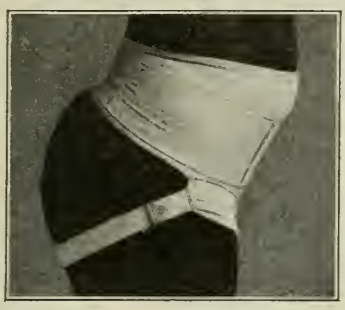

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For SPECIAL SUPPORT in hernia, relaxation of the sacro-iliac articulations, floating kidney, descent of the stomach, colon and intestines.

For POST-OPERATIVE support of incisions in upper, middle and lower abdomen, as after operations upon the stomach, gall-bladder, liver, appendix and pelvic organs; and for removing downward pressure upon plastic operations of the pelvic floor.

For MATERNITY cases it is indicated for the nausea of pregnancy, for the discomforts of pregnancy, to restore the figure after confinement and for the dragging and pressure symptoms in pelvic disorders.

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COD LIVER OIL
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For several years after 35 he suffered from ill health and had a number of pulmonary hæmorrhages, two or three of which were serious and caused much alarm among his friends. Soon after sixty he appeared to recover full health and vigor, and during the early months of this summer he seemed to be very "fit." In the latter half of July he appeared to be very well, and he was enjoying a vacation in Muskoka. While staying at the summer cottage of Dr. R. D. Rudolf, on Lake Joseph, he went in swimming on August 21st, being apparently quite well at the time. While dressing after his swim he had a stroke of apoplexy, and the following day he was conscious for a time and able to converse, but early the second morning he lapsed into a stupor which continued until death came about noon.

Selections

Splenic Leukaemia Treated with Radium

Of the three cases treated, two were acute and one chronic. The white count was remarkably reduced, (in one patient from 650,000 to 20,000 in six weeks), the spleen decreased in size and all of the general symptoms were greatly ameliorated. One of the first things noticed was that sleep returned within 48 hours of the first application, and within a week there was a marked increase in appetite and in weight. Life was undoubtedly rendered more comfortable and definitely prolonged, all of the patients being alive at time of writing.—Clarkson, *Canadian Practitioner and Review.*

Treatment of Myelocytic Leukaemia with Radium

Thirty consecutive cases of myelocytic leukæmia were treated by means of the surface application of radium element over the enlarged spleen. A certain degree of general improvement, together with reduction in the size of the spleen and of the leukocytic count, occurred in every instance, even in the most advanced and toxic cases. Hæmorrhage ceased, as a rule, after one or two series of exposures. In 25 cases there was definite improvement of the anæmia concomitant with the improvement of the general condition. Surface exposures of radium over

Prescription 1920

an improved

Compound Syrup of Hypophosphites

Influenza and Pneumonia

When the temperature has subsided and the local symptoms have disappeared, there is a period of more or less weakness due to tissue kotabolism. The combination of medicinal agents found in PRESCRIPTION 1920 will best fulfil the requirements at that time. The calcium, sodium, potassium, manganese and iron hypophosphites furnish most efficient blood, nerve and tissue-builders. The strychnine acts as a stimulant to the heart, and quinine and strychnine, together, act as a "bitter tonic," stimulating the appetite and digestion.

SPECIAL NOTE

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is supplied in the form of a syrup and is also put up without sugar for use in cases where sugar is contra-indicated as in diabetes. Stocks of both forms of this improved combination of the hypophosphite salts are now in the hands of your local druggist. We solicit your prescriptions for same.

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the spleen of myelocytic leukæmia usually effect a very rapid reduction of the size of the spleen, a fall of the leukocyte count, improvement in the general condition and, together with transfusion, constitute at present the most effective temporary measure in the treatment of the disease.—Griffin, *Radium*, December.

The Therapy of Adrenalin

The important position of Adrenalin in the materia medica is undoubtedly attributable to the vast amount of scientific work that has been done in connection with the product, to say nothing of the marvellous array of clinical facts that have been accumulated and now constitute the basis of our knowledge of its therapy.

This thought is suggested by the appearance in our advertising section, this month, of a unique announcement from Parke, Davis & Co. entitled "Adrenalin in Medicine," which every medical practitioner should read. It deals with the physiological action of the medullary suprarenal principle and reflects a clear light upon a subject concerning which much misinformation persists, even in medical circles. This, we understand, is the first of a series of short essays that will have to do with the scientific aspect of the subject rather than its commercial features. Others will include discussions of "The Treatment of Asthma"; "The Treatment of Shock and Collapse"; "The Treatment of Hæmorrhage"; "Adrenalin in Combination with Local Anæsthetics": "Adrenalin in Organo-therapy."

These topics appeal strongly to the progressive physician who seeks to be well informed. New facts are being constantly developed in the domain of endocrinology; and as this series of concise "talks" will cover the field pretty thoroughly, in so far as Adrenalin is concerned, it will be well worth while to review them.

Radium in Enlarged Thymus Glands in Infants

Heublein (*Amer. Jour. Roent.*, 1920) states that enlargement of this gland is a comparatively common affection in infants, and in a great many cases the direct or indirect cause of sudden death. The condition may be recognized easily from the history, physical examination, and roentgenogram.

In his series of 41 cases the dosage administered seemed

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is that **The Marvel,** by its Centrifugal action, **dilates and flushes** the vaginal passage with a volume of whirling fluid, which smooths out the folds and permits the injection to come in contact with its entire surface.

Prominent physicians and gynecologists everywhere recommend the MARVEL Syringe in cases of Leucorrhea, Vaginitis and other Vaginal diseases. It always gives satisfaction.

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to be sufficient to cure large as well as small thymic overgrowths in one application, and as it has been proven conclusively that the thymus has no function after birth, there need be no fear of over-treatment. In none of the author's cases was there any tendency to regeneration of the gland. Possibly these results could have been obtained by a single intensive X-ray treatment, but no such results have been reported in the literature. Radium, as well as the rœntgen ray, is specific in its effect, but radium has the following advantages: it is portable; it gives the desired result in one treatment; its use is simple and therefore the dangerous element of fright which causes infants to resist the fixation necessary in rœntgen-ray treatment and which may be the exciting cause of thymic crisis and death, is eliminated. In addition, the procedure is safe, as the skin tube distance never varies even in the treatment of a very refractory child. (Detailed reports of four cases are given.)

Treatment of Menorrhagia with Radium

Leda J. Stacy (*Minnesota Medicine,* March, 1919) reports the use of radium in 175 cases at the Mayo Clinic since 1915. The conclusions arrived at are that radium is the treatment of choice in: (1) Cases of menorrhagia of the menopause not associated with large fibroid tumors, and in which the possibility of carcinoma is definitely eliminated; (2) cases of menorrhagia in patients between the ages of thirty-five and forty years who have small submucous fibroid tumors, or who have no demonstrable lesions; (3) cases of myomata in which there is a definite contraindication to operation; (4) cases of menorrhagia in the young person which have resisted all medical treatment. In such cases a very small dose should be given.

Radium in the Treatment of Tuberculous Adenitis

Molyneux (*B. M. J.,* November 29, 1919) is convinced that radium is, if properly used, a safe and certain cure, whether for an early or advanced case of tuberculous glands. He treated between twenty and thirty cases of every grade with radium. In every case the swelling and even old sinuses faded away. Unless there were already sinuses present no scars were left. The skin in some instances was a little red for a few weeks from the action of the radium, but this always disappeared. In no case was any ulceration caused.

The Canadian Practitioner and Review

Vol. XLV. TORONTO, NOVEMBER, 1920 No. 11

Original Communication

PRESIDENT'S ADDRESS, ACADEMY OF MEDICINE*

JABEZ H. ELLIOTT, M.B., F.A.C.P.

Fellows of the Academy of Medicine, Toronto:—

It is with deep and sincere appreciation of the honor done me that I speak to you this evening. To guide for a year the destinies of the Academy involves a great responsibility which no one may lightly assume. My predecessors in office are all men who not only have grown up with the Academy, but all had an active part in the work of the constituent societies and of the preliminaries leading up to the formation of the new society. Only they and those closely associated with them know the labor entailed in the successful amalgamation. I cannot look back so far, yet seven years' service on Council and many of its Committees has given me an insight into the work done by my predecessors in office, and leads me to express my appreciation of their devotion to the interests and welfare of the fellows, and of the many hours, often at great sacrifice, given up to carry on the duties imposed by the office of President. Of the thirteen Past Presidents of the Academy, I have sat in Council under eight, and know whereof I speak. I ask for the hearty co-operation of every fellow that the year before us may at least be no less successful than those presided over by my honored seniors, to most of whom I have been indebted for clinical and professional instruction.

The Officers and Council elected for the present year give promise of a successful season. Yet after all, our success

*Delivered Oct. 5th.

depends upon the general fellowship. Let us read again the objects of the Academy as set forth in our Constitution, "the advancement of the art and science of medicine with its collateral branches; the promotion and maintenance of an efficient library and museum; professional improvement; the cultivation of harmony and good feeling among its fellows and the promotion of the corporate influence of the profession in relation to the community." Are we doing all we can to promote these objects? Our objects can be best accomplished by having every eligible qualified regular practitioner in Toronto and its suburbs a fellow of the Academy. This is absolutely necessary if we are to be a united profession and a force in the community. We have a special committee on membership, but they need the support of every fellow, and I ask every one here present to take it upon himself to see that each of his respected neighboring confreres becomes a fellow, and as well a member of the Provincial and Dominion Medical Associations. We have to-day a Resident Fellowship of 551, we should have 751; for, "the promotion of the corporate influence of the profession in relation to the community" can be best secured by a strong body which includes the whole profession.

You will hear to-night from Dr. Bingham on the subject of standing together in our national, provincial and local organizations, and I am sure he can look for support from the fellowship of the Academy. The Academy has made for itself a distinct place in the community and as our membership grows to include a large percentage of the practitioners in the city so will our responsibilities increase. The advice and action of the Academy is being each year more sought after in regard to medical legislation, public health, and the various medical-social problems in which so many of our citizens are becoming interested. Realizing our influence we must seek every opportunity to aid and advise in all those social problems which are concerned in helping people into better conditions of living. All such work is closely allied to medical and health work, and all medical work is akin to sociology. The problems of each can be best solved by working hand in hand. The complex modern life, to be made more livable and homelike through the coming era of modern medicine, will work out plans through social and medical science, both of which must work together for the right solution.

The Academy must serve the public through exercising

mature judgment and holding high ideals in all pertaining to public health and community welfare. It must, as well, serve the profession, and the Council, which is the business executive of the Academy, must be at all times wide awake and active in protecting the interests of the individual and the whole, while each fellow must co-operate.

The Council is elected each year by the fellows through their nominating committee. At times unpleasant comment has been made upon the work of this committee, but as a member of the committee for a number of years, I can assure the fellows that an honest endeavor is made each year to make the Council representative of the fellowship. An endeavor is always made to avoid having the university or the various hospitals over represented, and that there shall be fair representation of the surgeons, the physicians and the general practitioners, and in the work of Council as I have seen it, every member has rendered unselfish service uninfluenced by his affiliations. It has been suggested that the north, west, and east parts of the city should be represented on Council. To this there can be no objection. Even though the interests of the profession in all parts of the city are identical, should such representation be desired by the body of the Academy it only requires instruction to this effect to be given to the committee on nominations.

It may not be amiss to recall that two years ago provision was made for the election as associate fellow, "any one engaged as a whole time professor or lecturer or who is engaged in research work, in any department of medicine or allied sciences, and not engaged in the practice of medicine." The Academy will extend a hearty welcome to all such men who may be desirous of the privileges of the Academy, and we trust that each fellow will see that an invitation is extended.

At the annual meeting, Prof. J. C. McLennan, O.B.E., Col. George G. Nasmith, C.M.G., Ph.D., D.Sc., D.P.H., and Lt.-Col. J. A. Amyot, C.M.G., were elected to honorary fellowship, and we have been honored by their acceptance. Prof. McLennan is to address us to-night. Dr. Amyot will be with us in January, and we shall look forward to a communication from Col. Nasmith in the near future.

Since the beginning of this Academy year the grim reaper has paid unwelcome visits, and four of our fellows have fallen. We have lost Dr. G. Rice, who was active in the Section of Surgery; Dr. Tom McKenzie, beloved by all who knew him, a splen-

did type of the family physician; Dr. C. Day Clark, quiet, cheerful, always seeming to take much pleasure in his visits to the Academy; and Professor William H. Ellis, who, though not a great attendant at the meetings of the Academy or its sections, spent much time in the reading room among the books and journals, and whose cheery countenance and rich humor we all shall sorely miss.

It is customary in the course of an address to make reference to the past and seek an event whose anniversary may form the basis of at least a portion of the address. Had the occasion been last year I might have made an inspiring address upon the 100th anniversary of the publication of Laennec's treatise upon auscultation.

It was about 1820 that the Rev. John Strachan, M.A., Archdeacon of York, undertook to revive interest in a project for a university for the province. He secured the deep interest and warm sympathy of the Governor, Sir Peregrine Maitland, but it was not until 1826 he was sent to England, returning with a royal charter which was to give character and dignity to the new university.

Medical history in Upper Canada was but beginning one hundred years ago, for by the Medical Act of 1818 the first efficient legislative control of the practice of medicine was secured. The Medical Board of Upper Canada held its first sessions in 1819, and it was toward the end of that year that an advertisement appeared in the *Upper Canada Gazette* asking for tenders for the building of a brick hospital in the town of York. This building, the first General Hospital, was begun in 1820, upon the property at King and John Streets, and marks the beginning of hospital work in this city.

That history repeats itself is suggested by the records of the Medical Board for 1820. For even in those days the Board had no more compunction than the examiners of our present Council in rejecting candidates. Altogether, in four sessions of the Board during the year 1820, four persons were admitted to practice, and eight were rejected. That the Board had discretionary powers and exercised them is seen in the entry for January, 1820, Drs. Macaulay, Widmer, Lyons and Powell being present, Mr. Geo. Baker of Bath "received a certificate to practise Physic, and Midwifery and the lesser operations in 'Surgery."

I think I hear many a pious ejaculation, "Oh, that the Med-

ical Council of to-day would but grant similar limited licenses and allow the practice of major surgery and the specialties to only those with special qualifications."

The regulation of the practice of medicine in Ontario still remains in an unsatisfactory state. The most excellent and comprehensive report of the Commissioner appears to have been pigeonholed. It is a crying shame that in this province any man or woman, no matter how ignorant in his general education, nor how lacking in his knowledge of the anatomy or physiology of the human body, may practise under the guise of some special cult, diagnose and treat disease, and collect his fees for his services without fear of prosecution. How long will it be before the people of this fair province insist that those who treat their minds and bodies shall have at least the education required by university matriculation, and a course of study, properly supervised, which shall at least comprise the structure and functions of the human body, and a knowledge of disease sufficient to diagnose those from which man suffers?

The past year has marked a great advance in Canada in the organization of the Department of Health at Ottawa. The Deputy Minister in charge of this department was one of the signatories to the Declaration of Incorporation of this Academy, and has ever been held in the highest esteem by his professional brethren. The Academy feels itself highly honored in his acceptance of his election to honorary fellowship. In January our stated meeting will be addressed by Dr. Amyot upon the organization and work of his department. The Federal Government for some time past, through the laboratories now attached to the Department of Health, has been keeping a watchful eye upon the patent medicine evil, the strength of certain drugs, invalid wines and alcoholic preparations which may be misused as beverages. It is to be hoped that the Department will undertake to do something to protect the physician and his patient from the unproved statements of pharmaceutical houses whose preparations are foisted upon the profession with accompanying literature which often makes the advertisements of the quack patent medicine man appear very tame reading indeed. Experimental work during the past few years in chemical and biological laboratories has resulted in the addition of further preparations which may be classed as specific remedies and these are increasing from year to year. As a result many commercial houses are flooding the physician with new preparations, often

with therapeutically suggestive names and for which remarkable claims are made. In fact, so far has this gone, that the various pharmaceutical and drug houses appear to have taken it upon themselves to teach the physician his pharmacology and therapeutics, just as the patent medicine vendor undertakes to teach the public his therapeutics, supplying him with drugs and mixtures of unknown composition and asking him to use these, which frequently means discarding those older medicines whose composition, action and limitations are well known. "Of these new drugs a few may have some value; the majority unfortunately have little or none, and some appear to be distinctly harmful. Of the exact action of these drugs for good or evil we have no knowledge except the statements of the commercial house introducing them, which are invariably much prejudiced. Many of the new drugs introduced, even by respectable houses, have been shown by analysis to have a composition differing greatly from that stated. It appears, therefore, of the utmost importance that physicians should accept all unproved statements very cautiously, and should for the present rely almost entirely upon the standard preparations of their Pharmacopœia, of which they know the exact composition and physiological action." (Blackader).

Many of the preparations brought to our notice bear on the label the certificate of the United States Government under the Pure Food and Drugs Act. Some of these under law are biologically standardized. What becomes of those which after manufacture are not up to standard and cannot safely be marketed under this label? Are such expensive preparations as Ergot, Belladonna and many others thrown out, or are they dumped in a country which has no legal biological pharmacopœial standards? We must bear this in mind at all times and we hope our new department will aid in giving us relief from the present most unsatisfactory state of affairs.

Since its inception the Academy has been active in promoting and assisting in the development of many measures bearing upon public health. I have referred to the new Department of Health at Ottawa, and cannot refrain from some expression of the satisfaction we must feel in knowing that the new Minister of Health and Labor in the Provincial Cabinet is fully alive to the importance of progressive public health regulations. Already we can observe that in him we have a minister who, seized with the vital importance of his depart-

ment, is lending a willing ear to his advisers; and we may congratulate ourselves and the public that he has as his chief adviser a fearless and capable Officer of Health.

The activities of our Municipal Health Department need not be reviewed. We are proud of our Medical Health Officer in his zeal for the public health, and can only repeat what former presidents have said again and again, that he may rely upon the support and co-operation of the profession in his splendid work.

One of the great ideals of the physician has been to do his utmost to provide the best that is known, in our profession for every sick man, woman or child irrespective of station or place of residence. To aid in reaching this ideal in our hospitals the American College of Surgeons a few years ago launched a movement which is known as the Standardization of Hospitals. Dr. John G. Bowman has addressed us on this subject and we note with satisfaction that the movement has been steadily progressing. It has been urged that standardization, though it may result in raising the service in poorer hospitals, may result in lowering the standard in the high-class hospital. This objection thus far has proven theoretical rather than real and it would appear that the adoption of the programme laid down has resulted in marked improvement of the efficiency of all hospitals which have responded to the request. It is asked by the College that each hospital be in a position to demonstrate that each patient has had honest and competent care. We know that patients usually receive such care, but the hospital has not the specific data on file. It is asked, of course, that the building be clean and sanitary; that the doctors privileged to practise in the hospital are of worthy character and of sound scientific training; that there is adequate equipment. Further that there be in writing, and accessible, a statement of exactly what happened in the care and treatment of each patient.—an adequate case record system. The second requirement is that the staffs analyze these records and find out for themselves the merits and shortcomings of their work, that they meet at regular intervals, and with seriousness in their hearts analyze what they are doing for their patients. By summary cards, exact information is secured, and in the presence of the staff each man or each service is enabled to explain his results in medical or surgical treatment. "If any staff is unwilling in a

kindly but accurate fashion to review its own work, it is unworthy of any public confidence or support."

The third requirement is adequate laboratory service. Another requirement has to do with fee splitting, the buying and selling of sick people on the part of doctors. This practice may, perhaps, be adopted now and then by a man who does not in any way prostitute his work, whose service to the patient may be of the highest type, both in his diagnosis and operative proceedings, yet it makes for unnecessary surgery, for incompetent medical and surgical service and it injects into the medical profession an element of dishonesty with which no high ideals can long exist. The Academy has recorded upon its by-laws its articles of faith as concerned with this subject and we hope it cannot be said that any fellow of the Academy is guilty of this reprehensible practice, the more so in that the expression of the fellows was recorded without a dissentient voice.

What has resulted in one hospital is worthy of record. Prior to this movement, as was the custom of many hospitals, the care of patients was a concern only of the hospital executive and the individual doctor. Without endowment the problem was to produce sufficient income to pay expenses, and the doctor who brought the most business was the most welcome, and no great concern was taken as to the character of the work done (if not too grossly bad), or as to the justification. Almost any doctor could send in a patient and be given permission to perform any operation of any magnitude, and without insistence that there be a record to show for what the operation was done, or what the result was. There were few histories, no physical findings, no recorded examinations of specimens removed at operation—practically no checks of any kind to test either the motives or the qualifications of the operator. To-day this is changed. There is a medical advisory board, and this board has supervision over all matters pertaining to the medical activities of the hospital. A set of rules has been formulated and these are displayed. Any doctor known to the executive, or if unknown, after approval by the advisory board, may bring in his patients and treat them as long as he conforms to the rules and does satisfactory work. The staff meets monthly and medical and surgical summaries are submitted and discussed, with complications and results. Cases of special interest are also presented. Before being permitted to operate the surgeon must submit a pre-operative diagnosis, founded on history and

physical findings. Tissues removed at operation are sent to the laboratory and remain in its possession a sufficient length of time to allow the pathologist to make a permanent record of the same. No operation is done behind closed doors. The rule is "The internes on duty, and any member of the advisory board may be present at any and all operations." All members of the staff and all visiting physicians and surgeons must subscribe to the following declaration: "I hereby promise upon my honor as a gentleman, that I will not, so long as I am permitted to practise in this hospital, practise division of fees in any form, neither by collecting fees for others referring cases to me; nor will I make joint fees with physicians and surgeons referring patients to me for operation or consultation; neither will I in any way, directly or indirectly, compensate any one referring patients to me; nor will I utilize any man as an assistant as a subterfuge for this purpose." Before the patient leaves the hospital, it is required that the history be completed, the final diagnosis be recorded and the chart signed by the attending physician or surgeon.

As a result, the evidences of betterment in this hospital are quite marked. First and very noticeable, there is growing up a spirit of comradeship among the visiting physicians, the old spirit of suspicion is fast disappearing. Physicians who were formerly much in evidence are seldom seen, having seen fit to take their patients elsewhere, and two or three for exceptionally improper work have been debarred.

Not all the harm done patients in a hospital comes from the hands of the unskilful physician, and the unskilful and unscrupulous surgeon; nursing and the general care of the patient by the hospital management require a good deal of improvement if we are to give every sick person the best opportunity for recovery in the shortest time. The difficulty we are to-day facing in regard to nursing, both in hospital and private practice, was discussed at length by our Past President in his inaugural address last year, and I shall not attempt to renew it this year. The problem is practically the same. Some progress, however, may be reported in that the Academy now has representation on the Executive of the Central Nurses' Registry, and this should result in overcoming or lessening some of our local difficulties, which recently were assuming serious proportions.

One of the first duties which devolved upon me after assum-

ing the presidential chair was to appoint a Committee to deal with the question of a scale of fees for the guidance of our local profession. It is many years since our tariff of fees was last revised and the fees still charged by many physicians are but little changed from those adopted by them in the practice of one to three decades ago. The increased cost of living as it affects the working man and the professional man has been met in most walks of life by an increased scale of pay or fees. The physician has been loth to increase his charges, yet the increase in his expenses has not only been affected by the increase in food and clothing and the necessaries of life, but his drug supplies, books and journals have soared in price, the rent or purchase price of his house or office has increased enormously, and he has to meet increased taxes, to which have been added a business tax, a municipal income tax and a federal income tax. The latter is a war measure and we all realize that we must pay our share in Canada's great and justifiable expenses incurred as her share of the world war. To meet these increases the profession must make a proportionate increase in their regular fees. The physicians in the west end of the city, in the north and the east have met locally and arranged a tariff, which they consider adequate to meet their local conditions. It is desirable that the Academy should co-ordinate these and draft a basis for a uniform scale for adoption by the profession. The committee appointed consists of two western representatives, J. H. McConnell and W. C. Heggie; two from the east end, E. A. McDonald and H. W. Burgess; W. L. Bond in the north and N. A. Powell and J. E. Elliott from the central portion of the city. A preliminary report has already been made to council and I hope that at the end of this month the committee may have a final report to present which may be considered at the next stated meeting, or if desired at a special meeting of the Academy to be called for the purpose.

As you know in 1914, plans had been drawn and arrangements were well under way for much needed additions to the Academy. The war, with the increased cost of building, forced a halt in the plans of the Building Committee. Some solution must soon be found for our present difficulty. Our present buildings are quite inadequate for our present needs, and with our present rate of growth we shall soon be more crowded in every department. For our stated meetings we have to seek an outside auditorium each month, and we are

indebted to the university for a suitable hall for these and any special meetings. Our stack room is about filled and almost all the available space in the main building is shelved for current books and journals, while many which should be available for ready reference are kept in the stack for lack of space in the reading rooms. We cannot much longer defer action, and our Building Fund Committee must soon take some action in the matter. I am sure that most of our fellows have well-to-do patients who feel they owe a great debt to the profession of medicine for help and relief in times of distress, and who would gladly show their gratitude by assisting in the erection of a building to house our library and its appointments, in a home for the profession of Toronto and its suburbs, which would be a centre for the diffusion of medical knowledge. It would go far to keep the graduate physician in touch with the great advances in medical art and science, and contribute greatly to the general health and well being of the community. I hope every fellow will consider this matter most seriously and confer frequently with the committee—our past presidents with power to add—who must become at once a committee of ways and means.

In the profession of medicine we owe practically all our knowledge to those who have gone before us. Medical knowledge is handed down to us by the teachers of the past and in our Hippocratic oath we undertake to pass our knowledge on to those who are our juniors. In this way only can we repay our debt to the past. As we hand on our fund of medical lore, should we not as well concern ourselves with some of the more material fund, mean though it may be, which we have gathered through the efforts of our predecessors and which they have left to us without stint. I think the time has come when each fellow should seriously consider a bequest to the Academy. Where a family has to be provided for, few men in our profession have more than enough to leave them comfortable for their declining days, yet even in such a case the Academy need not be quite forgotten. To get to the point—should one of us leave a sum, the income of which is to be set apart for the maintenance of his wife for her natural life and for his children, when the estate is finally disposed of there are many among us who could readily bequeath a sum ranging from one hundred to several thousand dollars to the Academy. Such sums would not, I trust, be available for many years, yet none of us know when our time may come and the Academy will always be here, and I am

sure that most of us here feel as I do myself, that we would like our names to be forever remembered in some practical manner with the Academy and its library. This is just a suggestion I throw out. I want you to think about it. I want you to act, that in some way all may be known to those who come after us as benefactors of the Academy.

There is much I would like to say about our library. Beginning with a single volume of Medical Essays, the gift of Dr. Oliver Wendell Holmes, the Ontario Medical Library turned over to the Academy a collection of about 6,000 volumes. During the past thirteen years the number has grown steadily and to-day we have gone well past the 11,000 mark. It is pleasant to note the increasing interest of the fellows in the growth of the library. A number of the fellows have acquired the most estimable habit of sending surplus volumes to our shelves and we trust that others will join in doing so.

Mrs. Malloch's gift of the library of the late Col. Malloch has given us many notable and valuable accessions. The family of Dr. R. A. Stevenson sent us his library, and we have lately received the medical library of our late President, Dr. H. J. Hamilton. Surgeon-General G. S. Ryerson, when leaving the city and giving up active practice, sent us the bulk of his library, and this when sorted and catalogued will add materially to our Ophthalmological and Otological collection.

To complete our journal files and collections of monographs we must go outside the city and purchase, and for this purpose special funds are urgently needed. Three of our Past Presidents, Drs. Ferguson, Wishart and Anderson, have placed such special funds at our disposal. Dr. Alan Brown has undertaken to complete many of the files in the Pediatric section, and Sir Wm. Osler sent us one hundred dollars to aid in securing records relating to the early history of medicine in Ontario. All these funds need to be augmented and we need many more. Funds for binding, repairing, indexing, cataloguing, completing files of journals and transactions are urgently needed. At the present time there are many opportunities to secure some of the older works relating to the history of medicine, and European exchange is favorable, but we are not in a position to use our current funds for this purpose. With the increase in medical libraries there is a growing demand for the older works and their value is steadily enhancing. The sooner we can purchase the more we can secure for our money. On several occasions

Sir William Osler wrote urging endeavor in this regard, and his letters were frequently accompanied by gifts. In acknowledging a copy of Dr. Bovell's Natural Theology and asking the librarian for other of Bovell's works he writes, "Are you trying to collect all the details about the local profession?" and he makes suggestions regarding the books and records of Widmer, Canniff, Beaumont, H. H. Wright, Bovell, Aikins, the Cases of Hamilton (3 or 4 generations). "You should start a special section of the library, if you have not done so already, dealing with local Ontario medical history, pictures, books, pamphlets, letters, diplomas, etc. Greetings to the Library Committee." And in another letter "I hear the library grows rapidly; bleed the brethren freely. Have every surgeon consecrate an occasional large fee by devoting it to the library for the purchase of the older works." And those who were privileged to hear Osler speak in Toronto in 1906 upon "The Advantages of an Academy of Medicine," may recall how he said that the physicians most interested in the Academy would be the young beginners. During the first fifteen years of professional life, physicians should spend a good deal of their time in the medical library. Men paying forty visits a day could not, of course, do likewise. The men who should pay most to support the library were the specialists, the consulting physicians and surgeons, who depended upon the general practitioners for their work. And to show that his practice was always along the lines of his precepts he promised at that time one hundred dollars with more to follow if five other men would do likewise.

Osler's counsel was always wise and acceptable. Our specialists and consultants have always been eager to acclaim Osler as a wise teacher. *Verbum sap.*

The standard of our meetings in the past has been high. There have been few meetings which it would not have been profitable for everyone, whether specialist or general practitioner, to attend. I believe, however, the standard can be improved. I do not refer to the standard of the papers, for they have been outstandingly good, but there are certain suggestions which can be made to improve the papers. One of these is, that a short paper is more interesting than a long one. There are often many details which should be published, but which are tiresome and should not be read when the paper is presented to a section. Of the longer ones, properly prepared for publication, a synopsis may frequently be read with advantage. An-

other suggestion is that papers are always more impressive and more interesting when spoken than when they are read. That this method of presentation is harder than the reading of a paper goes without saying, but the gain in interest is well worth the additional trouble. It is always well to remember that the details of cases, and especially minute pathological details are usually tiresome and frequently unnecessary, and when printed can be read or referred to at leisure, while long series of figures or statistics cannot be grasped by the listener and should be presented in the form of tables exhibited on the wall, the blackboard or lantern slide.

For some time past I have been convinced that too much time has been given to the reading of papers, and insufficient time to the presentation of patients, pathological specimens and short succinct case reports. In order to secure this added interest, your programme committee has decided to set apart the first half hour of each section meeting for this purpose, feeling hopeful this will give a desirable variety to each evening. It would be a great help to the officers of sections if the fellows would volunteer to present patients or specimens and not leave it entirely to the officers to drum them up. Interesting cases are usually available in the hospitals, but more are to be found in home and office practice, and I bespeak the hearty co-operation and interest of the general fellowship of the Academy in securing this material throughout the session we are now entering.

With the exception of clinical material, which cannot be arranged far ahead, the programme for the year is well in hand and the provisional programme already prepared in so far as the sections are concerned. For the stated meetings, the committee have arranged for Col. Albert Carless of King's College, London, to address the November meeting, and Col. J. A. Amyot will be with us in January.

Another pleasant afternoon or evening will be arranged by the Library and Historical Committees in a visit to the Royal Ontario Museum, when Prof. Charles T. Currelley, in charge of the Archæological Department, will talk to us of early medicine as illustrated in the museum collections. Only those who have visited the museum have any conception of the wonderful material gathered together there for purposes of education, especially in the industrial arts, yet there is sufficient related to the medical art to give us a delightful hour or two.

A special meeting of the Academy will be held on Wednes-

day night next week, October 13th, to be addressed by Dr. W. T. Grenfell upon his medical missionary work in Labrador. Following Dr. Grenfell, his co-worker, Dr. Paddon, will speak upon the same subject and will add to the interest of the evening by a lantern demonstration illustrating their work. I bespeak a hearty reception to Dr. Grenfell, whose work I know has appealed to all of us.

And finally, I ask from the fellowship of the Academy, for myself as president, a kindly toleration, helpful and constructive criticism; for the council and officers in their deliberations a whole-souled co-operation, that the year may be one of progress and achievement for the library, for its home, for ourselves and our profession and the public welfare for which we strive.

THE CHOICE OF MEDICINE AS A VOCATION

By John Hunter, M.B., Toronto.

There is a trend in life—professional, commercial, industrial, urban and rural—toward a more or less clearly defined standard, that of the average man. Those below are ever struggling to reach up to the status of the average man, whilst those above unless in possession of a fund of "tireless energy" soon settle down and become quite average men. It is then the status of the average man that furnishes the real standard in every vocation, hence the vital importance that must be attached to the type of man seeking entrance into the medical profession. During the period of pioneer life the physical attributes of the physician were of vital importance. It was the man who had the requisite stamina to ride on horse-back long distances through forests, to ford rushing streams, or to paddle a canoe over tempest tossed waters, that created a standard for the average man of that age. It behooved the youth who sought to enter medicine in those days to give due consideration to the kind of body he had. Courtly dress and deportment were less valuable assets than good horsemanship, ability to swim, or to navigate a canoe. Farm houses emerged from the forest, villages, towns, and cities began to appear throughout the land, the saddle and the canoe gave place to the two or four-wheeled vehicles, and these in turn to the automobiles. These changes in environment and in transportation have made it possible for

men of even frail physique to enter medicine, for physicians lacking in physical stamina can make their rounds quite as easily as their more sturdy competitors. If it were possible to have a true history of the pioneer life of Canadian physicians it would be a splendid contribution to medical literature.

The advent of Lister, Pasteur *et al*, about the middle of the past century, created a revolution in medicine, and although the average man still held the centre of attraction for all the other medical atoms, he too was radically changed in this great medical upheaval. Symptoms, signs, theories, traditions had been so stressed for centuries as to completely dominate medical practice. Lister, Pasteur, and their scientific confreres, through their research work, placed medicine on a more scientific basis. No youth could enter medicine during the latter decades of the past century with any prospect of becoming an average man without some training in physics, biology, physiology, pathology, bacteriology, hence the great elaboration of the curriculum of our medical colleges during this period. The non-scientific physician, for many years, has had to accept a "rating" much below the average man.

Coming to our own time we see evidences of another evolution taking place in medicine. The average man still retains the same relative position to the mass, but his qualifications are slowly changing. The physical attributes of the pioneer age, nor even the scientific acquisitions of the latter half of the past century, do not constitute the only, or the really needed equipment of the average man of to-day. Prior to the advent of the present century, the number of graduates—outside of those entering the professions—from our colleges and universities was quite small. To-day the numbers are legion. The physician is hourly coming in contact with men, and women possessing the highest culture our colleges and universities can bestow, and unless he has, at least, equally high literary qualifications has he any right to claim the rank of an average man? No youth should ever think of choosing medicine as a vocation who has not the intellectual culture at least equivalent to that represented by a degree in arts. In other words, a degree in arts should be the literary standard for matriculation in medicine.

The last attributes that time and space will permit any allusion to, are the ethical, moral and spiritual ones of the average man. Any undue lack of the ethical, moral and spiritual, in

deportment, chastity, veracity, honesty and temperance should bar any youth from entrance into medicine, for without the common Christian virtues he cannot hope to become an average man. To sum up briefly, no youth should choose medicine as a vocation unless physically, intellectually and morally fit to become an average man.

DR. EWING APPOINTED

In June of this year a vacancy occurred on the Board of Trustees of the State Institute for the Study of Malignant Disease at Buffalo, N.Y., by the resignation of Dr. Seymour Oppenheimer. Dr. Harvey R. Gaylord, Director of the Institute, apprised us of this fact and suggested that an effort be made to have Governor Smith fill this vacancy by the appointment of Dr. James Ewing, Professor of Pathology at Cornell University Medical College, former Director of Cancer Research at the General Memorial Hospital, and one of the Directors of this Society.

A number of our Directors and friends were asked to write Governor Smith endorsing Dr. Ewing, and word just received from the Governor's office states that the appointment has now been made.

This is a matter of the greatest satisfaction to the Society, for it is felt that Dr. Ewing's experience in Cancer Research, especially that connected with the modern therapeutic use of radium, fits him most admirably as a Trustee of the State Institute for the Study of Malignant Disease, which has recently had made available 2¼ gms. of radium for experimental and treatment purposes.—*The American Society for the Control of Cancer.*

Editorials

TORONTO ACADEMY OF MEDICINE

It seems to be generally understood now by the Fellows of the Academy that there shall be, each and every year, a banquet to be known as the "Annual Dinner." It seems, also, fitting to make the annual dinner practically the opening meeting of the Academy's year.

The second annual dinner at the King Edward Hotel, October 5th, was, from a literary standpoint, a decided success, and from a social standpoint a very pleasant and enjoyable occasion. The president, Dr. J. H. Elliott, delivered an admirable address, and Professor J. C. McLennan, of the University of Toronto, gave a delightful talk on the subject of physics as related to medicine.

A few items taken from the report of the Honorary Secretary of last year will serve to indicate the present proud position of the Academy. There are 550 names on the Fellowship Roll, and it is pleasing to note that a large proportion of these "did their bit" in the war, there being at one time with the colors overseas about 140 Fellows.

One of the most satisfactory features in connection with the Academy is the establishment—in some cases the re-establishment—of special library funds as follows:—

(1) The John Ferguson rare book fund, to which Dr. Ferguson contributes $100, with a promise of more in the future.

(2) The Historical Museum Fund, founded by Dr. Wishart, $200.

(3) The Sir William Osler Fund for expenses in acquiring material relating to the history of the medical profession in Ontario, $100.

(4) The fund for the Pædiatric Section of the library, to which Dr. Alan Brown contributes $100, with promises of more as required in the future.

(5) The Bovell Fund (revised) $200. This fund, founded by Sir William Osler, was dissipated in the early days when the library was in great need of current books. However, it has been restored, Dr. H. B. Anderson contributing $100 and the Council also $100. This $100 had been donated by Dr. J. F. W. Ross, and was on deposit at Washington for many years, but was lately returned.

(6) The R. A. Reeve Fund, $500, left by will by the late Dr. Reeve for the library.

THE PREVENTION OF VENEREAL DISEASE

We are fortunate in having such a man as Judge Riddell president of the Canadian Venereal Disease Council. He possesses a rare combination of legal wisdom, medical lore, and knowledge of the world, all acquired by careful study of law, medicine, and humanity. Let us extract as follows from his presidential address, delivered last March in Toronto:

"Think of the effect of syphilis; it affects about eight per cent. of the total population; is transmissible to the offspring and causes death in eighty per cent. of those infected; is the cause of ten to thirty-five per cent. of all insanity; of most mentally-defective children; of locomotor ataxia; of paresis; of apoplectic and paralytic strokes in early life; of

nearly half the abortions and miscarriages; of a large proportion of diseases of the heart, blood vessels and other vital organs.

"Gonorrhœa is the cause of more than ten per cent. of all blindness; of eighty per cent. of congenital blindness; of many surgical operations on the female generative organs; of many chronic diseases of the joints, bladder and generative organs. We intend to make such investigation as will enable us best to educate the people."

The educational methods of some earnest workers were considered objectionable by many. They were teaching growing boys and girls either too much or too little—too much when they led them to think that syphillis was the cause of most of their neighbors' complaints—too little when they encouraged them to shout syphilis without that adequate knowledge which can be acquired only after six or more years' careful and constant study.

Then some of the enthusiastic ones thought it would put an extra touch on their good work if they added ocular demonstration to the oral teaching, and hoped that good would accrue from the exhibition of indecent pictures on movie films. We are glad to know that such exhibitions are squelched—probably for ever—in Ontario.

It is now believed, by probably the majority, that eloquent lectures and good teaching will do but little towards preventing venereal disease. Knowledge of the dangers, and the moral point of view, are preventive only in a limited degree. Sir Archdall Reid, M.B., published an article on "The Prevention of Venereal Disease," which appeared in the *Medical*

Press, February 26, 1919. The *Lancet* (London), in commenting, said:

"The writer had medical charge of an establishment employing 2,000 men—mostly young and away from home. Venereal diseases were prevalent among them. He gave the usual lectures—with the usual result. He could not prevent immorality. However his duty concerned rather the health and efficiency of his charges. At length he delivered a lecture, often repeated, which produced results. He explained in simple language the nature of the several venereal diseases, pointing out that the microbes, when accessible, were easily killed by antiseptics, and that immediately after infection they were present, not in the urethra (a closed pipe) or under the surface of the skin, but on the surface itself. He insisted that if the men exposed themselves to infection they must disinfect without delay. The dispensary attendant had orders to give any man who asked for it an ounce of solution of permanganate of potash (1/2000) and a little cotton-wool. The men were instructed to sponge the penis carefully, especially about the frænum and the meatus, the lips of which were to be a little everted, with the cotton-wool wetted with the antiseptic. Any other antiseptic will do equally well. Within a few days the writer ceased to see fresh cases. Thereafter not one originated in the establishment for more than six months."

At the first annual meeting of the Society for the Prevention of Venereal Disease, held in London, June 3, 1920, Lord Willoughby de Broke said in his presidential address:

"It is true that in spite of all the exhortation and

the fact that the nation has been lectured over and over again with regard to the dangers of promiscuous intercourse, venereal infection was still proceeding at an alarming rate. Moral prevention, although an excellent thing so far as it went, had hitherto failed to achieve the object of stamping out, or even of lessening the incidence of, the disease."

Dr. C. W. Saleeby drew attention to the report of the National Birthrate Commission. "In the last two years they heard evidence from Sir William Osler, Sir Bryan Donkin, and Mr. E. B. Turner. The Commission recognized that no difficulty of an official kind should be placed in the way of obtaining disinfectants by individuals for use after exposure."

Mr. Wansley Bayly, the Secretary, said the membership of the Venereal Prevention Society now ran into the hundreds. They " held two public meetings in London. The editorials of the *Lancet*, *Public Health*, *Medical Press*, *Medical Officer*, *Medical Times*, and *National Health* made it evident that these journals recognized the supreme importance of immediate self-disinfection as a method of preventing venereal disease."

THE AMERICAN PUBLIC HEALTH ASSOCIATION

Dr. Charles J. Hastings attended the meeting of the American Public Health Association (of which he is an ex-president), held in San Francisco, September 12th. The attendance was large and the meeting was excellent in every respect.

Dr. Hastings, on his home journey, had a startling and unpleasant experience while travelling from Seattle to Prince Rupert. He went by rail to Seattle

and there boarded the steamer, *Prince Rupert, en route* to Prince Rupert town. Shortly after leaving Vancouver, the steamer grounded during a dense fog at four o'clock in the morning of September 29th. There were 200 passengers on board, of whom about one-third were women. Fortunately all were taken in safety from the boat, but barely in time, as the boat sank within a few minutes after the passengers were rescued.

Dr. Hastings reached Toronto, October 7th, in good health, although somewhat tired after his long, tedious trip. On his return, the members of his staff presented him with an address of congratulation on his happy escape from shipwreck, and also with a bouquet of roses as a pleasant reminder of the tenth anniversary of his appointment as head of the department, October 9th, 1910.

THE TREATMENT OF THE INSANE

In a letter written by "Byron Stauffer," published in the Toronto *Globe*, October 12th, we find the following: "After all the agitation of the past ten years concerning the lodging of those suspected of insanity in jails during the period of observation, we find that this terrible practice still holds."

On the last Saturday evening of the Toronto Exhibition one of the girls working in the kitchen of a restaurant conducted by a Woman's Club interested in providing suitable boarding houses for young girls in Toronto, became insane. The president of the club, a well known lady of the city, consulted the police and the doctors in the Emergency Hospital.

The chief medical officer saw the girl, and found there could be no doubt as to the diagnosis. He telephoned to the Queen Street Hospital for Insane. He was told by the man in charge (not Dr. Forster, who was in Whitby) that the only thing to be done at that hour of the evening was to give her into the hands of the police, who would be compelled to keep her in the "cells" until Monday, when she could be brought to the police court.

Is this really the best thing that can be done under such distressing circumstances? We are told that Dr. McNaughton, in charge of the Cobourg Hospital, says no. In speaking to a body of physicians in Peterborough he stated very positively that he objected to the incarceration of poor unfortunates suffering from acute mania in ordinary jails or police cells. He said if you have such a patient in the vicinity of my hospital, bring her to me at once. If you cannot get a second physician come alone and I will get one for you. Comment is needless—it seems so sensible, easy and humane.

McGILL GRADUATES IN NEW YORK

The New York graduates of McGill University held their annual dinner on the evening of October 6th, with an attendance of about 200. The guest of honor was General Currie, the President of the University. He was the first speaker, and, in a short address, referred especially to the value of university education. He thought education was the one subject for which no person ever paid too much. He referred to the pleasant relations which existed between the Canadian and United States'

soldiers in the war, and touched upon McGill's great war record, recounting many interesting incidents of the struggle. He said that in recent years there had been a change in the attitude of business men towards the university. To-day a large percentage of graduates went into business, while every successful business man sent his sons to college.

THE CHAIR OF SURGERY, UNIVERSITY OF TORONTO

The announcement, first made to the public October 1st, that Professor Irving Cameron had decided to give up his Chair in Surgery, caused a feeling of general regret. The Professor's deep interest in his *alma mater*, his great ability, and his well-earned reputation, extending over the whole English-speaking world, all combined to make him most acceptable as Professor of Surgery in the University of Toronto. His continuance in the Chair appeared, to the majority at least, to be very desirable, especially in consideration of the clouds now floating in the university atmosphere.

THE FAITH CURE

Professor Cairns, of Aberdeen, one of Scotland's greatest and best men, in his recent book entitled "The Reasonableness of Christianity," declares that the greatest barrier to Christianity, felt by the modern mind, is "the question of the supernatural, and its claim to be the absolute and final religion." A

writer in the Toronto *Globe* says in reply: "The truth of Christianity depends on the supernatural," and, according to the New Testament, "claims to be supernatural."

Much of our knowledge as to the laws of Nature is fairly definite, but as to the supernatural, it is indefinite. We had in Toronto, a few months ago, Mr. Hickson, who gave demonstrations in healing by faith in St. James' Cathedral. We find a partial report of results published in the London (Ont.) *Free Press*, and, we understand, in other daily papers. Twelve hundred and thirty-three patients were touched by Hickson's hands. The Toronto promoter and rear-guard agent tells us now a part of his story (more to follow later). From 540 replies, we learn there was "complete lack of improvement" in 194 cases. Very discouraging! Even the lay newspapers give more favorable reports as to the success from Betro-Phosphates, Fruitatives, Tanlac, Phosphorine, Dr. Caldwell's Laxative Syrup Pepsin, etc.

In addition the promoter tells us: "the replies denoting a complete cure show that they are spread over every manner of trouble." We think this is not true. We believe it would be exactly correct to say that among those "cured" there was not one case of serious organic lesion such as "incurable inoperable" cancer, locomotor ataxia, general paresis, advanced tuberculosis (the latter two pronounced so by experts) and many other diseases, pronounced incurable by competent physicians. We suspect the Hickson promoter is not at heart an Anglican—he is a Christian Scientist.

A CORONER'S INQUEST

On the morning of September 19th last, William Rossiter, Gladstone Ave., was killed on the highway a few miles west of Port Credit. C. N. Barnes, of St. Catharines, was charged with manslaughter because death ensued from injuries produced by an automobile driven by Barnes.

At a coroner's inquest held on the evening of October 8th, presided over by Dr. W. A. Young, Coroner, the lawyer for the defence assumed a rather peculiar attitude. We shall quote from the Toronto *World* of October 9th. The Coroner "demanded that G. N. Barnes be brought into court to give evidence at the inquest."

Mr. Kingston, the lawyer for the defence, said; "I protest most vigorously, as a matter of British justice, against Barnes being produced in this court to give evidence under subpœna. If you, sir, persist in having him brought before this jury to give evidence, it will be my duty, in the interests of British justice, to tell the prisoner, Barnes, that he is not going into the witness-box as a witness."

The Coroner answered, "I trust you realize that this is not a court of law, but a court, rather, of inquiry, endeavoring to get all the necessary facts pertaining to a death, the cause of which is not exactly ascertained."

Mr. Kingston: "This man is a prisoner, and I submit that he is neither competent nor a compellable witness in the eye of the law. It is one of the first principles of British law that a man under charge of manslaughter cannot be considered as a witness in the matter of which he is subject of charge."

After a little cross-firing between Crown Prosecutor Snider and Kingston, the Coroner said, " In my opinion, the stand you are taking to-night in this matter, Mr. Kingston, is erroneous. I presume you are aware that you yourself are here only by courtesy, and that did I so choose, you would have to leave the court-room during the inquest. I happened to take up this matter with the Attorney-General this afternoon, and I may say his opinion is in no way in agreement with yours in the matter at issue.

The counsel for the defence maintained his stand, and the Coroner finally adjourned the inquest until Friday, October 29th.

Perhaps an expression of opinion might be construed as " contempt of court," but, in any case, we may simply state comment is needless.

News Items

MEDICAL COUNCIL OF ONTARIO CHOOSES REPRESENTATIVES

The quadrennial elections of the Council of the College of Physicians and Surgeons of Ontario, have resulted as follows:

Territorial representatives—G. R. Cruickshank, M.D., Windsor; G. M. Brodie, M.D., Woodstock; A. J. Thompson, M.D., Strathroy; A. T. Emerson, M.D., Goderich; J. J. Walters, M.D., Kitchener; S. McCallum, M.D., Thornbury; H. S. Griffin, M.D., Hamilton; E. T. Kellam, M.D., Niagara Falls; R. H. Arthur, M.D., Sudbury; A. D. Stewart, M.D., Fort William; E. E. King, M.D., Toronto; R. T. Noble, M.D., Toronto; F. A. Dales, M.D., Stouffville; T. W. H. G. Young, M.D., Peterboro; T. S. Farncomb, M.D., Trenton; W. Spankie, M.D., Wolfe Island; R. N. Horton, M.D., Brockville; J. F. Argue, M.D., Ottawa.

Homœpathic Representatives—H. Becker, M.D., Toronto; E. A. P. Hardy, M.D., Toronto; C. E. Jarvis, M.D., London; G. A. Routledge, M.D., Lambeth; W. S. Cody, M.D., Hamilton.

CANADIAN SOCIETY OF ANAESTHETISTS

The Canadian Society of Anæsthetists has been recently organized and the following have been elected to manage its affairs: Samuel Johnston, Toronto, President; William Webster, Winnipeg, Vice-President; Wesley Bourne, Montreal, Secretary-Treasurer; and Charles H. Bastin, Vancouver; G. M. Geldert, Ottawa; W. B. Howell, Montreal, and Charles La Roque, Montreal, members of the Executive Committee.

The Society has applied for and has been granted a charter by the Canadian Government. The purposes for which the Society has been organized and chartered are:

1. To promote the science, practice and teaching of anæsthesia.
2. To establish friendly relations between its members.
3. To promote the interest of anæsthetists as specialists.
4. To facilitate for its members the means of acquiring fuller knowledge of their profession in such manner as experience might show to be desirable, and in particular by lectures,

professional meetings, and by the publication of articles and papers relating to the science, practice and teaching of anæsthesia.

Membership in the Society is divided into four classes, fellows, ordinary, associate and honorary members.

The Society will hold its first scientific meeting in 1921.

The officers of the new Society are all well known to the anæsthetists on this side of the border and some of them have been accorded the highest distinctions within the gift of the anæsthetic associations of the United States. There is no doubt that under their guidance and fostering care not only the Society but the specialty of anæsthesia will come into its own in Canada.

All those who are interested in becoming members are requested and urged to get in touch with Wesley Bourne, M.D., 34 St. Marks St., Montreal.

ADDITIONAL DOCTORS ON MEDICAL REGISTER

Dr. R. W. Powell, registrar of the Medical Council of Canada, announces that the following candidates are included among those who have successfully passed the council's examinations for registration on the Canada Medical Register: M. Mackson, Alexandria, Ont.; T. D. McGregor, Schreiber, Ont.; W. T. Pocack, Belleville, Ont.; W. J. Stevens, Arnprior, Ont.

Dr. J. S. Gale, a Korean scholar with an international reputation and one of the best known Christian missionaries in the Orient, visited Toronto early in September. He graduated from the University of Toronto and soon after went out to Korea as a missionary representing the Toronto University Y.M.C.A., and four years later became attached to the Mission Board of the American Presbyterian Church. He has spent thirty-two years in Korea and during that time has seen the country transformed from a primitive state to a fairly highly civilized nation.

Dr. Gale says that if the East were united it could rule the world and believes that, at present, it is fortunate that such is not the case. He also thinks, since Canada is the nearest of the western nations to Japan, she should try to get a better understanding regarding her eastern neighbor.

Dr. Gale left Toronto, September 16th, for Vancouver *en route* for Seoul, Korea.

PAY PATIENTS IN LONDON HOSPITALS

We are told by the B. M. J. that the experiment by the London Hospital, of making a charge to all patients, except those obviously not in a position to contribute, has proved successful. The charge is one guinea a week for adult patients and half that amount for children between the ages of seven and fourteen. The amount received is about £50 a day. About ten per cent. of the patients are exempted on the ground of poverty.

In July last, 1,100 patients were admitted. Of these, 900 adults and 100 children paid, while 100 were exempted. There is no charge for children under seven.

The hospital committee expressed no opinion as to whether the system will cause voluntary contributions to diminish.

THE CANADIAN RESEARCH COUNCIL

It was announced in the lay press, October 1st, that Dr. A. B. Macallum had resigned from the position of head of the Canadian Research Council and had left Ottawa to take the Chair of Biochemistry in McGill University. It was stated that his reason for retiring was that he preferred university work. The general impression was, so far as we know, that this Research Council had very important work to do and that Dr. Macallum, on account of his great working capacity and ability as a scientist, was well qualified as a director of such research.

LISTER MEMORIAL

A memorial tablet of white marble to the late Lord Lister with an inscription recording the fact that he was a student and house-surgeon at University College Hospital from 1843 to 1852 has been presented by the Lister Memorial Fund to the Hospital.

ACCIDENTS DURING ANAESTHESIA

Dr. Waters of Sioux City, Iowa, says anæsthetic mortality is much higher than usually supposed. Recently Dr. Stewart of Cincinnati compiled statistics of 10,700 operations for removal of tonsils and adenoids and found that twenty deaths had occurred in the series.

DAMAGES FOR X-RAY INJURIES

The Superior Court of Montreal gave judgment against Dr. George Dupont, September the 27th, ordering him to pay Charles St. Martin $3,000 as damages for injuries received when he was burned, October, 1916, while under X-Ray treatment.

The 22nd Annual Convention of the American Hospital Association was held in Montreal, October 4-8. It is said the meeting was very interesting and the various discussions as to the numerous phases of hospital management were admirable.

The Hamilton Medical Society entertained, as guest of honor at a dinner in the Royal Connaught, Dr. Malcolm P. McEachren, Superintendent of the Vancouver Hospital, October the 1st. Dr. McEachren delivered an interesting and practical address on hospital problems.

At a meeting of the Board of Education of Toronto, held October 4th, three months' leave of absence was granted to Dr. Hunter to allow him to take an extended trip to San Francisco and Los Angeles.

Dr. Hunter tendered his resignation but the Board preferred to give him leave of absence rather than accept it.

The annual meeting of the Association of Working Men's Compensation Boards of Canada was held in Toronto, October 4th and 5th. Among those attending were the following medical officers: Dr. A. Forin, Alberta; Dr. G. A. B. Hall, British Columbia; Dr. A. J. Fraser, Manitoba; Dr. G. G. Corbett, New Brunswick; and Dr. M. C. Morrison, Ontario.

At the last meeting of the Canadian Public Health Association Dr. Frederick Montizambert, C.M.G., of Ottawa, was elected a life member. Dr. Montizambert, after acting as chief Medical Officer of quarantine for the Dominion for fifty-four years, has retired. Dr. J. D. Page, the well-known Immigration Officer of Quebec, succeeds Dr. Montizambert, while Dr. Emile Nadeau takes Dr. Page's place in Quebec.

Personals

Dr. and Mrs. John Hunter, 268 Roncesvalles Avenue, are spending the winter months in California and are residing at the Widmer Apartments, corner of Widmer and Seventh Streets, Los Angeles, California.

Dr. Herbert Eldon Roaf was appointed to the Chair of Physiology, University of London, tenable at the London Hospital Medical School. He graduated from Toronto University in 1901 and held the Johnston Colonial Fellowship in the University of Liverpool 1902-1905. For three years during the war he was in charge of the Pathological Laboratories at Cairo.

Dr. W. C. Arnold has been appointed Director of Medical Services of Soldiers' Civil Re-establishment in the place of Dr. E. G. Davis, C.M.G., who was recently appointed a member of the Board of Pension Commissioners. There are still about 10,000 ex-soldiers undergoing treatment for war disabilities and in addition, about 9,000 per week attend the various clinics for medical advice, massage and other forms of treatment.

Wilfred T. Grenfell, C.M.G., M.D. Oxon, was elected Fellow of the Royal College of Surgeons, England, April 9th.

Dr. Grenfell visited certain cities in Ontario early in October. In an address delivered in London, October 5th, he reminded the audience that Labrador is a portion of Canada that is going to prove of immense value to the Dominion. He is collecting funds for the erection and equipment of new hospitals in Labrador.

We deeply regret to state that Dr. Price Brown, 106 South Drive, who, six years ago, lost one of his eyes, has had to have the other one removed. On his return from California, last spring, he noticed commencing development of a cataract which gradually became worse during the summer while he was holidaying at Lake of Bays and in North Carolina. Realizing that he was becoming blind, he went to New York, consulted a specialist, then went to the Eye and Ear Infirmary, Boston, where he was operated upon by Dr. Verrhoff. Unfortunately however, hæmorrhage followed and the eye had to be removed, leaving him totally blind. He will be glad to have his friends call and see him.

Obituary

JOHN H. COMFORT, M.D.

Dr. J. H. Comfort died at his home in St. Catharines from senile decay, aged 93. He had a large practice at one time but dropped it when he was appointed Police Magistrate of St. Catharines in 1880. In 1908, he resigned from this position, and moved to Port Dalhousie, where he lived retired, and in fairly good health, until a few weeks before his death. His principal occupation in his later years was fishing for sport.

JOHN F. CAMPBELL, M.D.

Dr. J. F. Campbell died in Chicago, July 13th, aged 56. He was born in Toronto, received his medical education in the Toronto School of Medicine and graduated M.D. from Victoria University in '86. He soon after went to Chicago and practised as an eye specialist.

J. H. CARSTENS, M.D.

We learn from the *Detroit Medical Journal* that Dr. Carstens, who had practised in Detroit for about fifty years, died in July. He made a specialty of Obstetrics and Gynæcology, and was generally recognized in the United States, as well as Canada (where he had many friends), as one of our ablest surgeons.

ROBERT SHEARER, M.D.

Dr. Shearer was born in the county of Simcoe, Ontario, received his medical education in the United States and practised for a number of years in Milwaukee. He gave up practice in Milwaukee, returned to Canada and settled on a farm near Simcoe town. On September the 22nd, while attempting to push over a fence a large tree limb, the heavy end fell on him and crushed him to death.

WILLIAM J. GIBSON, M.D.

We have to announce, with deep regret, the death of Dr. Gibson of Belleville, which occurred October 7th, after a somewhat prolonged illness. He went to Rochester, Minnesota, a few weeks ago, and underwent an operation, October 1st, at the Mayo Clinic.

Dr. Gibson was seventy-two years of age and for forty years had practised his profession in Belleville, with very distinguished success. He graduated B.A. from Queen's University in 1874, and, after teaching in a high school for four years, commenced the study of medicine, graduating M.D. from Queen's in 1881. Immediately after, he settled in Belleville and soon made a reputation. For many years he was one of the best-known and most highly respected doctors in Eastern Ontario. This was indicated, some years ago, by his unanimous election to the presidency of the Ontario Medical Association.

GENERAL SIR WILLIAM BABTIE, V.C., K.C.B., ETC

General Babtie died suddenly in Belgium, where he was spending a holiday, September 11th, aged 61. After his dinner, that evening, he retired to his room to read, and two hours later was found dead in his chair. An inquest was held and the medical evidence showed that death was due to heart disease. He graduated M.D. from Glasgow University in 1880 and joined the Army Medical Corps in the following year.

According to the *Medical Press* of London, he did splendid work in the South African war and also in the recent war. The official record stated:

"The wounded were lying close in the rear of the guns without any medical officer to attend them, and when a message was sent asking for assistance, Major W. Babtie, Royal Army Medical Corps, rode up under heavy fire, his pony being hit three times. When he arrived at the donga where the wounded were lying, he attended to them all, going from place to place exposed to heavy rapid fire. Later in the day, Major Babtie went out with Captain Congreve to bring in Lieutenant Roberts, who was lying wounded on the veldt. This was, also, under heavy fire. Major Babtie was awarded the Victoria

Cross, promoted to Lieutenant-Colonel, and received the medal with five clasps."

During the last war, he served as principal Director of Medical Services in the Mediterranean, Salonika, and Egypt, and as Director of Medical Services at the War Office. From 1914-1919, he was, also, an honorary surgeon to the King. His name came prominently into notice in connection with the failure of the medical arrangements during the campaign in Mesopotamia. "But," says the *Medical Press,* "the findings of the committee of inquiry were not such as to attribute blame to his organization in that most deplorable incident of the war. Moreover, subsequently, the army council, in considering the report of the committee, decided that the explanation General Babtie had been called upon to offer was satisfactory in all respects."

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Book Reviews

Elements of Practical Medicine. By Alfred H. Carter, M.D., M.Sc., Professor of Medicine, University of Birmingham; revised by Alexander G. Gibson, M.A., D.M., (Oxon.), F.R.C.P., (Lond.), Lecturer in Morbid Anatomy in the University of Oxford; Physician to the Radcliffe Infirmary and County Hospital, Oxford. Eleventh Edition. London: H. K. Lewis & Co., Ltd.

The late Dr. Carter was for long years a successful teacher, who realized that life was too short to teach the student everything about medicine, so he confined himself to general principles. This volume, which has run through nearly the dozen editions, has carried out the idea of the author, and is therefore, a long way above the quiz-compend, which is all too popular among a certain class of students. We heartily recommend the work as an introduction to medicine.

Principles and Practice of Physical Diagnosis. By John C. DaCosta, Jr., M.D., Ex-associate Professor of Medicine, Jefferson Medical College, and assistant visiting physician, Jefferson Hospital. Fourth edition, thoroughly revised. Philadelphia and London: W. B. Saunders Company, 1919.

One of the first five books on diagnosis in English, this volume has now reached its fourth edition, and the author has taken the opportunity of having it completely revised to bring it up to date. Especially is this true of the chapters on the heart and the lungs, where all the newer developments are fully touched upon. The letter-press and illustrations are all that could be desired, and altogether this text-book is one of which Americans can be justly proud.

International Clinics. A quarterly of illustrated clinical lectures and especially prepared original articles on treatment, medicine, surgery, etc. Edited by H. R. M. Landis, M.D., Philadelphia. Volume II, thirtieth series, 1920. Philadelphia and London: J. B. Lippincott Company.

This number of the clinic is full of interest and contains many excellent articles. Worthy of special mention is one on

Quotations from Doctors: No. 7

"The majority of cases of pneumonia, in my experience of thirty years' medical practice, have had more or less pleuritic complications.

"I presume this is the experience of my colleagues.

"The most grateful application that can be made to a patient suffering with pneumonia is a warm

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poultice under a moderately firm binder or jacket. Its action is, first through the superficial vessels, and then more slowly but just as efficiently on the deeper congested parts."

J. A. H., M.D.,
NEW YORK CITY, N.Y

THE DENVER CHEMICAL MFG. COMPANY
MONTREAL

P.—4

the skin lesions of syphilis by Loyd Thompson, well illustrated and written in a thoroughly practical way. *International Clinics* has been a leader for more than a medical generation and is still the most popular quarterly in English.

The Essentials of Histology, Descriptive and Practical, for the use of Students. By Sir Edward Sharply Schafer, F.R.S., Professor of Physiology in the University of Edinburgh. 11th Edition. Longmans, Green and Co., 39 Paternoster Row, London, Bombay, Calcutta and Madras, 1920.

This class and laboratory text-book has come down through 35 years as one of the best in its class. The fact that this is the 11th edition speaks more than words. The illustrations and letter-press are all that could be desired. Histology is not a subject which changes very much, and therefore this book does not require much revision. It is now, as it always has been, through many generations of medical students, one of the best text-books in existence.

Venereal Disease, its Prevention, Symptoms and Treatment. By Hugh Wansly Bayly, M.C., Hon.-Sec. Venereal Prevention Committee, late surgeon R.N., Captain R.A.M.C., Pathologist to the London Dock Hospitals, etc. London: J. & A. Churchill, 7 Great Marlborough St.

With the formation of venereal clinics in all the large centres on this continent, this manual will find a useful place. It emphasizes the important part a medical man can play in other spheres besides the treatment of these diseases. Dr. Bayly has written a volume at once concise and practical and one that we can recommend as a practical guide.

Dr. J. H. Erb, Pathologist to the Hospital for Sick Children, desires to announce to the profession that he is prepared to do Tissue Pathology, General Bacteriology, Serology (including grouping blood for transfusions and typing Pneumococci) the examination of Spinal and other body fluids and the preparation of autogenous vaccines.

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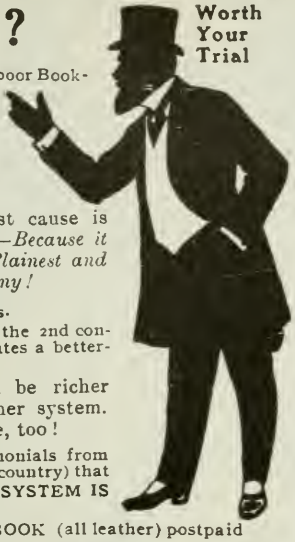

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(The Coagulation of Cow's Milk in the Human Stomach, Joseph Brennerman, M.D., Archiv. of Ped., Feb. 1917.)

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Radium for Malignant Tumors of the Thymus Gland

Janeway (*Ann. Surg.*, 1920) contends that these growths occur more frequently than is generally supposed, and that a favorable result of treatment depends not only upon the early diagnosis and treatment, but quite as much upon the variety of the tumor treated. Ewing states that pathologically these tumors fall into the following groups: (1) lymphosarcoma, composed of a diffuse growth of round-polyhedral and giant cells; (2) carcinoma, in which the main tumor cell is a pavement, cubical, or, rarely, a cylindrical epithelial cell; and, very rarely, (3) spindle-cell or myxosarcoma, which is believed to arise from the stroma of the gland.

In all cases X-ray examination is of the utmost importance in the diagnosis.

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13

Radium in Cancer of the Skin

Rodriguez has applied radium treatment in 122 cases of cancer of the skin during the last ten years, and 119 of the patients were radically cured. All are free from recurrences to date. The three failures were in patients who had been previously treated vigorously with the roentgen rays; one had an ulcerating roentgen dermatitis. He has applied radium in 147 cases of lupus and many of these patients with lupus of thirty or forty years' standing were cured. A preliminary curetting seemed to promote the action of the radium. Among other lesions that subsided under radium were leukoplasia and lichen planus of the tongue, and he regards treatment of these as very important as they predispose to malignant disease.—(Abst. from *J. A. M. A.*, Oct. 11, 1919.)

The following is the report of the Research Committee of the American Radium Society, presented by Leda J. Stacy, its chairman:

SCHEDULE SUBMITTED BY RESEARCH COMMITTEE.

1. Keeping records of all cases treated. First page: Short History. Diagnosis. Grouping Based on Physical Findings.

Second page: Case Number, Date of Treatment, Amount of Element or Emanation Screening, Duration, Total Mg. Hours or Mc. Hours.

2. Grouping of cases:

A. Operable.
B. Borderline or doubtfully operable.
C. Inoperable.
D. Advanced and hopeless.
E. Recurrences: local; regional.

3. Determination of E. S. D. of each tube of radium. The E. S. D. should be the standard of comparison of sensitiveness of the various elementary and diseased tissues.

4. The methods of screening and protection of healthy surrounding tissues: (*a*) distance; (*b*) material used.

5. The importance of post-mortem examinations and serial sections of organs in toto, this being the only means to determine the correctness of the technic and the actual permeability

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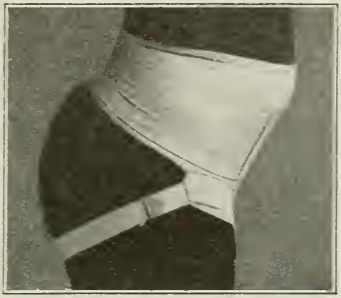

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of the rays, thereby establishing the actual therapeutic value of radium rays.

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Radium in Treatment of Angiomata

Newcomet (*Amer. Jour. of Roent.*, July, 1920) considers radium of good service in certain types of angiomata. He says that if radium is to be used a very careful technic must be followed lest the after effects be far worse than the original condition. When angiomas with large vessels extend deeply into the tissues in the neighborhood of large nerves and important structures that cannot be destroyed, then radium performs its greatest mission.

In a list of about 200 cases of angiomata of all forms, 5 died, 2 were infants with large hemangiomata, 2 women and 1 man proved to be types of sarcomas, 86 were selected for treatment with radium, and of these 7 were failures and 17 disappeared from observation. The result in 62 cases was all that could be desired, with very little scarring and no after-effects.

Radium Treatment in Chronic Leukorrhoea

Arthur H. Curtis, (*J. A. M. A.*, June, 1920), reports on radium treatment in forty-six cases of chronic leukorrhœa. Unless the discharge is essentially of vulvovaginal origin, radium is advocated in all severe cases of persistent chronic leukorrhœa. Examination of cervical tissues after successful radium treatment reveals atrophy of the glands, relative increase in fibrous tissue, and disappearance of microscopic evidences of infection. Twenty-five patients were cured; seven were improved; in ten cases no report can be made as yet.

Radium in Actinomycosis

S. A. Heyerdahl (*J. A. M. A.*, Dec., 1919) reports on six cases of actinomycosis treated with radium, in all of which the results were most satisfactory.

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Radium in Dermatology

T. C. and W. H. Kennedy consider radium in the treatment of many skin lesions, not a specific, but an auxiliary of great value. In their experience the following skin diseases have yielded to radium treatment: Lupus erythematosus, lupus vulgaris, keloids, kraurosis vulvæ, rodent ulcer, cancer of the skin, chronic eczema, "birth marks," pruritis, angiomas, acne rosacea, sycosis, rhynophyma. Two cases of lupus erythematosus which were very resistant and in which carbon dioxide had been used without success, finally yielded to radium treatment. When keloid is of recent origin radium almost invariably effects an absorption of the scar tissue. In the skin lesions of babies and young children radium is invaluable on account of the ease of application, there being no pain accompanying the treatment. The indiscriminate use of this powerful therapeutic agent must be condemned, since with too large a dose or insufficient screening a necrosis of the skin may be produced which may be slow in healing, causing quite a considerable amount of pain and leaving a cosmetic effect which is undesirable.—(Abstract from *Med. Rec.*, November 22, 1919.)

Radium in Uterine Cancer

Heyman (*Erfolge der Radium-Behandlung von Gebaermutterkrebs*, July, 1919), reports the progress made in cases of uterine cancer which had been treated in 1914 and 1915, that is, over a period of five years.

Twenty-six patients were treated in 1914. In July, 1919, seven of these were clinically cured, seventeen had died of cancer, and two had died of some intercurrent disease.

In 1915, forty patients were treated. Of these, eleven were clinically cured in July, 1919 (one was cured after a prior treatment with radium, but was operated upon later because of recurrence), and the remainder had either died or could not be traced.

The success of the radium treatment cures, amounting to 26.9 per cent. after five years, therefore exceeds that of surgical operation, which gives an average of absolute cures amounting to twenty per cent.

The large number of recoveries in 1914 and the almost equal number of successful results in 1915, cannot be regarded as a mere coincidence. Of the total number of sixty-six cases, eighty-five per cent. were inoperable.

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Miscellaneous

Treatment of the Paroxysm of Asthma

The attention of our readers is invited to the brief article on "Adrenalin in Medicine" which will be found in the advertising section of the current number of this journal. While, obviously, this space is purchased for advertising purposes by Messrs. Parke, Davis & Company, it has been put to a novel use by the publication therein of a scientific essay of unusual merit in which a vexatious problem is discussed.

Whatever intelligence the future has in store on the pathology of asthma, the present state of our knowledge justifies the use of any dependable therapeutic measure for the relief of the acute paroxysm. Morphine is objectionable for reasons that are generally accepted. Per contra, Adrenalin does not narcotize the patient. It affords him almost instant relief, with no disagreeable sequela to mar the effect. To quote from the announcement under consideration, "Adrenalin is the best emergency remedy for the treatment of the asthmatic paroxysm at the command of the physician."

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Of the three cases treated, two were acute and one chronic. The white count was remarkably reduced, (in one patient from 650,000 to 20,000 in six weeks), the spleen decreased in size and all of the general symptoms were greatly ameliorated. One of the first things noticed was that sleep returned within 48 hours of the first application, and within a week there was a marked increase in appetite and in weight. Life was undoubtedly rendered more comfortable and definitely prolonged, all of the patients being alive at time of writing.—Clarkson, *Canadian Practitioner and Review*.

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Use of Radium in Pelvic Tumors

The results of radiotherapy in 209 cases of cancer of the female genito-urinary organs are given by Clark. He believes it possible that with a further development of technic, cancer of the cervix may be removed from the surgical domain. In cancer of the fundus the results from surgery are too satisfactory to be abandoned in favor of radium, although in the last four cases he has witnessed a very favorable outcome in patients in whom there were grave contra-indications to surgical measures. In two instances a cure appears to have been effected. For patients, therefore, suffering with complications prohibiting an operation, radium offers a decided hope.—*J. A. M. A.*

The Treatment of Keloids by Radium

Dr. F. C. Harrison, Toronto, in this paper, reports on nineteen cases of Keloid in which radium treatment was employed. Two of these were caused by traumatism, six were in operation scars, five after thyroidectomy, six after burns. The results in all cases were most gratifying, there being either complete disappearance, or a very marked improvement, as seen in the illustrations accompanying the paper. In this respect his experience bears out the excellent results reported from Paris, and from the Radium Institute in London.—*Urologic and Cutaneous Review, Vol. XXII, No. 1, 1918.*

Radium Treatment of Roentgen Ray Dermatitis

Degrais and Bellot report three cases in which radiologists were cured by curietherapy of professional epitheliomatous radiodermatitis. Their first patient, they relate, was an American physician, "M. E.", who had been using the roentgen-ray since 1903 and ulceration and an epithelioma had developed first on two fingers. The lesions had been cut out again and again. The third recurrence on the ring finger refused to heal, and the back of the hand showed hyperkeratosis, and there were violent pains. The reaction to exposure to twenty-seven filtered millicuries for twelve hours was soon followed by the complete retrogression of the lesions, and the cure was apparently complete when re-examined six months later. The pains subsided as the skin returned to normal.—*J. A. M. A.*, July 31, 1920.

The Canadian Practitioner and Review

Vol. XLV. TORONTO, DECEMBER, 1920 No. 12

Original Communication

REMINISCENCES OF LISTER AND WAR WORK*

By Colonel Albert Corless, C.B.E., M.S. Lond., F.R.C.S.

Consulting Surgeon to King's College Hospital, London, England.

Gentlemen:—

In the first place permit me to express my high appreciation of the honour you have done me in asking me to address this distinguished Academy, and then my regret that, inasmuch as I have given up active hospital work and private practice, I am not able to deal with surgical matters quite so satisfactorily as in the past. My present work (that of Medical Director of the Barnardo Homes) is rather administrative than surgical, and one is occupied in many other branches of applied medical service just as important, if not more so, than actual surgical work. At the same time the fact of having spent thirty years on the staff of a large London hospital gives one still the right to speak with some measure of authority regarding surgical matters, and authorizes one in becoming reminiscent. The period in which it has been my good fortune to work has been one of very rapid progress, and to me has been granted a privilege permitted to but few, viz., to work with and follow the steps of that great master, who has transformed surgical practice from a cruel, often murderous art, to a beautiful and beneficent science. No one who had the inestimable privilege of seeing Lister's work, from day to day, over a long period of years could possibly feel anything but hurt and grieved at the sneering references to the failure of Listerism during the war, when the truth was that Lister's principles or practice were never adopted, and the

*Address delivered before the Academy of Medicine, Toronto, November 2, 1920.

methods employed were often as far removed from those of Lister as light from darkness. Permit, therefore, a humble follower (afar off, I fear) in the steps of the great man to tell you something of the impressions left by him on my mind, and to indicate how, in many ways, Lister anticipated war-time methods. Since I attended the opening meeting of the Academy last month, I have been presented by Dr. Powell with a copy of the Symposium of Papers on the late Lord Lister which were presented to this Academy after his death in 1912, and had I been aware of the existence of this splendid appreciation of his work, I do not think I should have had the temerity to attempt to do again what has been done so much more ably than anything I can undertake. And yet, on looking it through, it appears to me that most of the papers refer to his earlier years, and possibly one who has been permitted to see his later work, rather than his earlier, may throw a little fresh light on his epoch-making life which may not be unacceptable. Certainly no one could write on the subject with a deeper sense of devotion, regard or appreciation than myself.

It is now close on forty years since first I set eyes on Lister. I was then a young science student, just fresh from school, who was induced to come up and see an operation for the first time. With some considerable degree of timidity and trepidation one entered the *sanctum sanctorum*, the operating theatre, wondering at all one saw, and still more wondering whether I should have to adopt that course which I have since seen many a young fellow do, viz.—beat a hurried and inglorious retreat. That mishap, however, did not materialize. Lister was operating on that day on two cases of stone in the bladder, and the theatre was full, as he was then going to undertake the almost unknown operation of suprapubic lithotomy. It was not an easy matter at that time, as the value of the Trendelenburg position was unknown. To approach the viscus without damage to the peritonæum, the usual custom was to distend the bladder with lotion, and then introduce a rubber bag into the rectum, and inflate it with air, so as to lift the bladder up to the abdominal wall. On this occasion the manœuvre was successful, and the stones were satisfactorily extracted, of course under the spray. Later on, I attended the course of clinical lectures given by Mr. Lister and only recently turned out with much interest the notes of that course which I then made. Subsequently, I became attached to the clinic of Mr. John Wood, who by this time was fully convinced of the truth and importance of Lister's prin-

ciples, and did his best to adapt himself to them and with considerable success. Through all my student days, and still more so when appointed Registrar, one kept *au courant* with Lister's work and watched the gradual evolution of his practice, wearisome as it sometimes was to see the crowds of foreigners, who came round the wards, and to hear again and again the explanations we knew so well. The truths, however, found a lodgement in receptive soil and brought forth fruit which even surprised the great man himself. Later I had the great joy of being associated with him as his assistant surgeon, and it is one of the greatest elements of pride in my professional life that I was permitted to undertake the charge of his wards and to do his work when he was away on vacation, for the last years of his association with King's. At that time the assistant surgeon always had to help his chief at all operations, and hence one had a drilling in antiseptic methods that has since stood me in good stead. During all the many years that I watched his practice and assisted in his work, there was only one occasion on which I ever saw an operation wound go septic, and that is a record that I do not think could be equalled by any up-to-date surgeon of the present day with the assistance of all the new-fangled ritual of asepsis that has been introduced since Lister's time. It is unnecessary to describe the case; it was not Lister's fault, but due entirely to the oversight of a sister. Of course, Lister took no risks. As a pioneer he felt acutely the responsibility of his position, and was determined that if human skill could avoid it, no case undertaken by him should go wrong and thereby give his opponents an opportunity of pointing out and chortling over a Listerian failure.

Lister never took any actual share in military surgery, or at any rate never undertook any work in dealing with gunshot wounds in close connection with military operations. His first experiences with carbolic acid as an antiseptic dated back to 1865, and in 1867 he announced to the profession his early successes. The next few years were employed in consolidating and improving the methods first adopted, and in dealing with the many criticisms that they evoked. A few surgeons, both at home and abroad, were convinced of the truth of his claims, but in London especially, they were either neglected entirely or vigorously and viciously attacked. The Franco-German war of 1870 should have been an opportunity of demonstrating their worth; but in France, the home of Pasteur, whose brilliant work had given Lister his clue as to the bacterial origin

of sepsis, nothing had been accomplished from the surgical standpoint, and in Germany, though Lister had his converts in that country, sufficient time had not been given to permit surgeons to organize and elaborate the truths they believed. The result, from the surgical standpoint, was an appalling mortality from sepsis during that campaign. Hospital gangrene and pyæmia were rampant in all hospitals, and it is only necessary to quote the figures given by Inspector-General Dr. Chenu as to the mortality of amputations amongst the French hospitals to show how awful was the sacrifice of life. He collected records of 13,173 amputations of all sorts, including such minor operations as removal of toes or fingers, and of these 10,006 died, or about seventy-five per cent. The German statistics were equally terrible. Von Nüssbaum lost a series of thirty-four amputations through the thigh in succession, and in the lower limb another report ran that scarcely any amputations recovered.

Lister issued a short pamphlet at the outbreak of the war suggesting a method whereby his antiseptic system might be applied, but in the light of our present experience it is certain that the plan proposed could never have been of much use. His instructions are to this effect:

After the wound had been washed out with carbolic lotion and bleeding vessels secured by antiseptic ligatures, it was to be first covered with a slip of oiled silk smeared with carbolic oil, then with a piece of lint or rag soaked in the oil, then a piece of thin gutta-percha tissue overlapping the lint, once more a piece of lint or rag or towel wrung out in the oil, and finally a second piece of overlapping gutta-percha tissue, and the whole bandaged on to the wound. As blood soaked into this dressing the outer layer of lint rag or towel was to be squeezed out and soaked again in the oil. When the discharge ceased, damping the outer layer with the oil every two days would be sufficient. The plan had the merit of simplicity, and depended on the supposed value of carbolic acid brought closely into contact with the damaged tissues, permeating them and destroying the microbes. It had also one great advantage in that the wound did not have to be dressed daily. It is possible that one of the greatest hindrances to quick and efficient healing of wounds, during the recent war, has arisen from the indiscreet zeal with which wounds have been dressed by nurses every day, or not unfrequently several times a day.

Our experiences at the outbreak of the recent war were also

marked by an appalling outbreak of septic troubles, and it was loudly proclaimed that Listerism failed completely when put to the test of attempting to deal with military work. I would beg, however, to submit, that surgeons at the beginning of the war did not apply Lister's principles, and that at the end, when results were so much improved, they had returned to methods which were much more in accord with what Lister taught and practised. Civilian surgery for the ten or fifteen years before the war had got far away from Lister's original plans, although our work was merely a development thereof. The so-called aseptic method is in reality an antiseptic system in which asepsis is secured by the most powerful antiseptic that we possess, viz., heat, in all the directions where it can be employed. Chemical antiseptics are discarded as far as possible, though I have yet to be convinced that results are any better with all our elaborate technique than when we employed the much simpler and less expensive methods that Lister adopted. The elaborate ritual of shaving, washing and sterilizing the skin which we now employ is very impressive to the patient, and perhaps, an excellent discipline to the nurses who undertake it, but, unfortunately, the surgeon has to take for granted its effective execution and trust to the conscientious work of others over whom he exercises little control. Lister purified the skin at the time of the operation by placing over it for a few minutes a piece of lint or gauze soaked in one in twenty carbolic lotion. Similarly he did not trouble to wash his hands unless they were unusually dirty, but trusted to the carbolic lotion to soak in, uniting with the grease and oil of the skin. It was certainly unpleasant to the hands and made them very rough, but it was simple and effective. Prolonged washing and the use of gloves have, of course, replaced this, and one cannot but consider it an improvement if efficiently carried out. Lister never wore gloves, gown, cap or mask, but operated in his frock coat, turning up his sleeves slightly and buttoning the revers across to protect the collar. I mention these details not because I think we ought to go back to them, but to show that in careful hands results every bit as good as those we get to-day can be secured in the absence of the so-called modern aseptic ritual, which whilst giving good results in quiet unhurried civilian work, when time can be given to details, failed most egregiously in 1914 and 1915, when applied to military casualties. Then, too, surgeons who had, perhaps, played some part in the South African campaign, or had studied the records of the work then undertaken, did not ap-

preciate the enormous difference in the conditions that obtained in France and Flanders. In South Africa we were fighting in a clean country; the air was fresh and healthy; the soil was of the virgin type to a large extent, clean and uncontaminated; and the very wounds were chiefly inflicted by rifle bullets and not so much by artillery. The conditions in France and Flanders were hopelessly different. The war was not one of mobility, but quite early became stabilized, and the men had to live and fight in trenches. Their clothes were filthy, and they had no opportunity of washing, so that their skin was equally so. The soil was ploughed up by powerful artillery, and bomb and grenade wounds were very numerous. Clean wounds inflicted by rifle fire were in a great minority. It is, therefore, not to be wondered at that the wounds from the first were horribly infected, especially when, as so often happened, considerable delay occurred in bringing the patients in. In those days also, the medical arrangements were not too perfect, and it took time to organize a system which was capable of coping with the enormous numbers of casualties that occurred. All the old horrors of septic days unfortunately re-appeared with the exception of some types of hospital gangrene. Gas gangrene was common: tetanus was rife; pyæmia was not infrequent; secondary hæmorrhage and every local septic manifestation that might develop did so with alarming frequency. It was also soon found that ragged shell wounds were complicated by the carrying in of fragments of clothing, and all sorts of adventitious material which had to be got out before the wound would heal. Segments of Sam Browne belts, portions of wrist watches, collar studs, purses and even coins were at times driven into the body, and were liable to be overlooked. Trench mortars were often loaded up with the most heterogeneous collection of odds and ends of metal that the wily Bosch could lay hands on; screws, nails, nuts, fragments of wire, *et hoc genus horribile*, were shovelled into the shell and fired off at poor Tommy, and if they happened to be filthy so much the better. What wonder then that all anticipated results were falsified, and that all attempts to prevent sepsis were futile at the start! Civilian casualty wounds were of an entirely different order, and methods that had been established for dealing with these latter were soon proved to be hopeless in counteracting the acute and virulent infections associated with modern military methods.

The Army Medical Department did not, however, sit down and calmly acquiesce in this horrible state of affairs. Some-

thing had to be done to overcome these unexpected developments, and in the end that something was to an astonishing extent successful, so that finally something like sixty-eight or seventy per cent. of the wounds healed by first intention, or at any rate without grave septic complications.

It is unnecessary for me to go into the whole story. The best of our pathologists were sent to investigate the causes of the trouble and to devise means of overcoming it; laboratories were provided, and every assistance given that was required. The best of our surgeons were set to work to co-operate with them, and gradually a clear view of the problem to be dealt with was secured, and the final result was, as already stated, a great success.

I have no intention now of discussing this subject either from the polemical or statistical standpoint. Both have been dealt with elsewhere almost *ad nauseam*, and at times with much heat and temper. The present time is still, perhaps, too near for us to appreciate fully all the merits or demerits of the discussion, but my own opinion is that when we are removed from it by a few more years, we shall realize how Lister's principles were vindicated by the very work of those who were most prominent in the cry that Listerism had failed.

The victory over sepsis was secured by an advance more or less simultaneous along three main lines, viz. (1) The mechanical cleansing of the wound; (2) the more effective and scientific use of drainage; (3) the application of new, more suitable and less harmful antiseptics. On each of these points I want to make a few remarks, pointing out not only the way in which they accorded with Lister's work, but also their present-day application to ordinary civilian practice.

(1). There can be no question that the most important and valuable element in the whole treatment of gunshot wounds consisted in the *careful mechanical removal of all the dead and hopelessly damaged tissues* which surround the course of the projectile. For, on careful microscopic examination, it was found that the damage inflicted did not localize itself to the actual track, but extended to a varying distance into the surrounding parts. The result of this was to provide a nidus of devitalized material in which the bacteria carried in by the missile could grow and thrive. Naturally they limited their activities to these tissues for a while, and if the surgeon could only

deal with the cases before they had overstepped these boundaries, and remove the whole of the damaged area, infection of the surrounding living parts might be prevented. For the recognition of this principle we are mainly indebted to the work of Colonel Sir Henry Gray, of Aberdeen. Wright, himself, in a paper published in the *Lancet* of June 23rd, 1917, had to place in the first rank of the remedial measures applicable to gunshot wounds the necessity for draining dead spaces, including in this term "every space which would, if left to itself, become an infected dead space, which means every space occupied by an infected projectile, or piece of infected clothing, or infected foreign bodies, or devitalized infected tissues." This excision or mechanical cleansing of the wounds (French, nettoyage mecanique) if conducted in a thorough and satisfactory manner, and if the exterior of the wound, i.e., the dirty skin, was also efficiently purified, frequently allowed wounds to be entirely closed at once, with or without the application of antiseptics to the raw surfaces, and healing *per primam*. In other cases which were less satisfactory, the wound was left open, and possibly packed with gauze soaked in some suitable antiseptic, and if all went well delayed primary or secondary suture might be adopted. The essential features then of this type of treatment, which to a large extent conquered the septic element in war wounds, amounted to the removal by surgical measures of infected dead or damaged tissues, the exposure of healthy bleeding tissues, assisted, if necessary, by the application of suitable antiseptics to the exposed parts.

Now in all these things there is no contradiction to Lister's principles, but rather an evolution along the lines which he originally laid down and merely an adaptation to the special conditions of the particular lesions. For Lister's surgical practice was always conducted with a close association between the microscope and culture tube on one hand and the scalpel on the other, and one cannot imagine Lister faced with any threat of septic troubles in wounds without setting to work with microscope and culture tube to get at the bottom of the trouble. Then, too, was it not Lister who first taught us how to treat efficiently such infected lesions as boils and carbuncles? He laid open the carbuncle freely, under-cut the margins, and then proceeded to remove by knife or sharp spoon all the infected material infiltrated with pus until bleeding living tissues were laid bare. Certainly he added to this mechanical cleansing of the area the application of pure carbolic acid, with the object of

destroying any germs that might be left; but, after all, the essential element was the free surgical removal of the infected area, so as to enable the human tissues to do their own work in overcoming the infection and securing healing. Again, as far back as 1881, in the speech with which he wound up the discussion on "The Causes of Failure in Obtaining Primary Healing in Operation Wounds," which took place at the International Medical Congress held that year in London, he described some experiments which he had undertaken on the jugular vein of an ass. He had tied five ligatures around the vessel so as to produce four compartments filled with blood, into each of which he introduced a small piece of glass tube containing a morsel of linen soaked in septic fluid. On killing the animal various degrees of inflammation of the vein were present according to the amount of septic fluid used. He noted that the spread of the trouble was hindered by a crowd of small round cells, distinct from ordinary leucocytes, and he rightly considered that they had been derived by emigration from surrounding tissues; in fact, they were what we now know as Phagocytes. "This experiment," states Lister, "affords very striking proof of the power of an undisturbed healthy coagulum in the vicinity of living tissues to resist the development of purtrefactive bacteria even when present in a highly concentrated form." He went on to argue that if the clot derives its bactericidal properties from the adjacent living tissues, it is obvious that the thinner the clot the more powerful the properties must be. Healing by first intention only occurs when the sides of the wound are in accurate apposition, and then the hardly appreciable layer of intervening clot quickly becomes infiltrated with these cells, so inimical to bacterial life. Surely here we have the essential element of the method of treatment of war wounds evolved during the past few years. Remove the dead tissues; drain dead spaces and give the living healthy tissues a chance; this was in full accord with Lister's teaching.

This form of treatment has come to stay, and in our treatment of gravely infected wounds, such as those that are caused by machinery or motor cars, we must apply the lessons we have learnt in wartime. The wound itself must be temporarily packed with gauze soaked in some suitable antiseptic; the patient is anæsthetized and the skin around the wound well and thoroughly scrubbed and purified, or treated with iodine without the scrubbing; the damaged margins of the skin are then care-

fully dissected away, and sufficient room made by extra incisions, if necessary, to permit the whole depth of the wound to be explored. All dead and devitalized tissues are removed with due regard to the subsequent function of the limb, an antiseptic applied if thought necessary, and the whole dealt with by primary or delayed suture. One other lesson of the war must be kept in mind, viz., the harm that arises from undue and unnecessary removal of muscular and other tissues.

(2). The second element which assisted in the conquest of sepsis during the war was the corrected view that was preached as to the use of *drainage*. We soon came to see that the mere placing of a drainage tube in or through a wound was often associated with more harm than good, and even when so placed as to secure perfect mechanical drainage of a septic cavity, it was still far from an ideal means of treatment. Many of us had been teaching for years that tissue drainage was necessary as well as cavity drainage, and when Wright began to preach his gospel of salt and water, and to prove the necessity therefor by facile illustrations and uncannily clever experiment, it was really no new thing that he was teaching. We all knew about this, more or less, even if we did not appreciate the full significance of the blocked and engorged vessels, and the hardened lymph-bound condition of the tissues, which hindered repair. Our surgical forbears, in the so-called dark days, fully recognized that until discharge was free, the patient was in danger, and hence welcomed the appearance of an abundance of "laudable" pus. This, then, is the basis of Wright's physiological method of treating infected wounds, viz., to determine free drainage by use of a hypertonic solution of salt, thereby relieving the vascular engorgement and the brawny induration of the tissues. Phagocytes and anti-bodies are thereby given a chance of fulfilling their beneficent functions. I can bear testimony to the value of this procedure. It was my duty to visit many scores of different hospitals where wounds were being treated by medical men in all sorts of varying ways—but there is no question that the impression left in my mind was that the healthiest and cleanest wounds were those resulting from the wise use of the hypertonic salt solution. I say "wise," because there are limitations to its use; if employed for too long a period, it does harm rather than good.

There are two factors in this type of treatment by effective tissue drainage which merit a moment's consideration from the historical as well as from the practical standpoint.

(*a*) It is a method of treatment by *moist dressings* in contradistinction to the dry dressings beloved by the so-called aseptic school. Of course, the latter are all right for clean and aseptic cases, but for infected wounds, which are almost certain to become gravely inflamed, and especially for those which present a large raw surface, they are open to the gravest censure, both from the scientific and from the humanitarian aspects. A dry dressing on a raw infected wound is surely wrong, for the discharge clogs the meshes of the gauze, keeps back toxic material, and adds to the inflammatory troubles, thereby maintaining the lymph-bound condition of the wound. From the humanitarian standpoint, the dry-dressing for an infected wound is equally open to condemnation. Unfortunately, those who applied them in the first place did not have to remove them. I have seen men with guillotine amputations sent home with dry dressings over the raw wounds, and I have heard the groans and screams of the poor fellows when the same had to be removed. Such torture ought not to be inflicted on any of our fellow creatures. Wright correctly insisted on the wound being constantly moist, and by the use of hypertonic applications he encouraged discharge, and thereby kept the parts soft and supple. This, however, was no new principle, for wet dressings, if only in the type of the pre-Listerian water dressing, were well known. The same thing occurs in Carrel's plan of treatment. Lister introduced the antiseptic element into his wet applications, and it must not be forgotten that the boracic fomentation was largely, if not entirely, due to his initiative. As a matter of fact, I have found that in many of these infected cases there is nothing more soothing and helpful than the boracic linseed poultice, made of linseed meal moistened by boiling boracic lotion instead of hot water and placed between layers of cyanide gauze. The sustained warmth of this application, together with its soothing and moistening influences, make it most useful.

(*b*) The second element in this treatment, by effective drainage, is the employment of *hypertonic* solutions with a view to increase the discharge and relieve the congested brawny induration of the tissues. Wright employed salt and water, but other substances are equally applicable, such as glycerine, green soap, etc. Now one cannot forget that whilst Wright worked out the meaning of the problem, it was Lister who first taught us to use a hypertonic material in the form of his glycerine and iodoform emulsion, than which nothing better has become available in

suitable cases. In this connection one cannot refrain from pointing out how little Lister did in the direction of adding to our medical nomenclature. He was a simple soul, loving simple means and simple language. For all that he was a master of languages; he could converse fluently in French, in German, and I believe in Italian; he could write a Latin oration, and understood Greek, but he never exercised his ingenuity in coining new and cumbersome terms.

(3) The third element which assisted in the victory over sepsis consisted in the introduction of new and more efficient antiseptic materials, applied sometimes in novel ways. I can only allude to them in somewhat general terms, but cannot refrain from saying something, especially with reference to their future utility.

The *Carrel-Dakin* treatment must occupy the first place, partly because it secured a great reputation for a time, and was one of the first means which held out hopes of the coming victory. Three main factors combine to make it valuable, viz., drainage, discontinuous irrigation, and the use of a mild antiseptic. I was one of those permitted to see Carrel's clinic at Compiegne, and, also, M. Tuffier's work in Paris early in 1917; but even then "nettoyage mecanique" played a considerable part in the treatment. To carry out the work efficiently required a highly trained nursing staff, and it soon became clear that whilst useful in certain cases, it had grave limitations. At the same time other types of treatment, much simpler and less expensive, were elaborated, and I cannot but believe that this is one of the products of the war which will disappear in a few years. As a matter of fact, although I have often seen cases which were being treated by what was called, and possibly fondly believed to be, Carrel's method, it is rare that some gross caricature does not take its place. The element of discontinuous irrigation is useful truly, but that does not constitute the entirety of Carrel's treatment.

A modification of this which I trust will not be lost sight of, is that introduced and practised by the brothers Taylor of the C.A.M.C., which I was permitted to see in work at the Ontario Hospital at Orpington, and with which I was much impressed.

Another great and useful plan of treatment brought into prominent notice during the war was that by means of B. I. P. P. It is needless to describe it here in detail, for it is now largely used, and one realizes that it has a future before it.

Flavine was introduced during the war epoch with a great flourish of trumpets, and one expected great things from it. I fear the results did not come up to expectations, but it will retain a place in our surgical armamentarium, and be useful on occasion.

Other aniline compounds found their supporters and may be of some permanent use, but time does not permit me to say more.

Those of us who were permitted to know Lister, to see his work, and perhaps in some small measure to assist in it, fully recognize the fact that Listerism stands for much more than merely the introduction of the antiseptic system. That, of course, was the crowning triumph of his life, or perhaps one ought to say the foundation stone on which all else was built; like the great corner stone in Solomon's temple in Jerusalem it stands for all time and is unique and unsurpassed in its magnitude and dimensions, and though it may be hidden away under an accretion of other things, yet there it stands sure and steadfast, and on it have been and will be reared temple after temple dedicated to the scientific fancies of the day, and yet all based and built up on that underlying and perhaps unseen foundation of truth.

Lister's work was characterized by wonderful exactness, marvellous insight, and painstaking carefulness that have probably been rarely equalled, certainly never surpassed. Attention to minute detail, conscientious thoroughness, and self-denying personal supervision of all and every element that should assist in determining success, were the key-notes of his work. Many and many a time have I stated in public that if Lister had never founded his antiseptic system at all, he would have stood out as one of the greatest surgeons of all time. In the years during which I was privileged to supervise the surgical work in the Eastern Command, being brought into daily contact with keen surgeons of all sorts and kinds, I continually found myself quoting Lister's work as I saw it at King's in matters of routine treatment quite apart from questions of asepsis and antisepsis. When one tries to sum up the actual advances made during the war in surgery, and then digs back into the store-heaps of memory, thinking over the clinical lectures that one heard, and the cases that one saw in the old-fashioned and now destroyed wards of the old King's, and the operations undertaken by the great man in that old theatre where every canon

of the modern aseptic law was contravened, one cannot but marvel at his intuition, his foresight, and the extraordinary manner in which he anticipated some of the things concerning which surgeons fancy themselves during these later days, in spite of the many difficulties that surrounded him and his work. Let me run over a few of the different lines along which Lister's work may be looked on as prophetical of some of the so-called advances of war surgery.

To be concluded in the January number.

A NEW DEPARTMENT

Beginning with the January issue, the *Medical Review of Reviews,* of New York, will inaugurate a new department for the advancement of the science of Chemo-Therapy.

In order to develop the theories as set forth by the various investigators who have thus far entered this field, we invite the co-operation of all physicians, chemists, bacteriologists and pharmacologists who are doing or contemplate doing work along these lines.

It is our purpose to stimulate a more thorough fundamental knowledge of this subject, which so far is little known to a great number of practising physicians.

Believing Chemo-Therapy to be a rich field for the development of products of great therapeutic value, and that we have so far neglected to give it the importance that past researches would warrant, we are placing this department at the disposal of all those who may find an interest in the subject, as an open forum where contributions dealing with this science will be welcomed.

Editorials

POLITICS IN MEDICINE

There was a recent contest for the Ontario Legislature in Toronto which created considerable interest among medical men, although that interest entirely disappeared on nomination day.

From the Conservative side it was hoped for some time that Dr. Herbert Bruce would be the candidate. We understand that if he had consented he would have received the nomination, with practically a certainty of election. He refused, however, and we have been told that he has no positive disinclination to enter politics, but would prefer the Federal field. We are sorry, because we need men of his type in our own Provincial Parliament at the present time. We believe the questions of public health, education, temperance, workmen's wages and rural depopulation are of greater importance to the inhabitants of the various Provinces than protection, free trade, immigration, and the other matters coming under the jurisdiction of the Federal Parliament.

The next name mentioned was that of Dr. George Nasmith. Not a general practitioner, but a well-known sanitary expert, we heard with pleasure that he was willing to be a candidate, and we were glad to be assured that he was undoubtedly the choice of the majority of Conservative electors in North-East Toronto. Unfortunately, the political machine stepped in and so arranged things that Dr. Nasmith was not nominated. This, of course, was a triumph for the machine, which meant, at the same time, a sad loss for Toronto and the Province of Ontario.

On the Liberal side it was hoped that Dr. George Bingham would be the candidate. Call George what you like! Let him run in Toronto! It would require a pretty big and broad Tory machine to beat him unless they could induce some other extra good man, such as George Nasmith, to be his opponent, which, we may say, would be an impossible event.

Failing to get Bingham, they wanted Dr. William Hendry. Bill would also have been rather a hard man to defeat in North Toronto, and the aforementioned Tory machine was certainly, under the circumstances, in great luck in not having him as an opponent.

THE CANADIAN RESEARCH COUNCIL

His Excellency the Governor-General, in an address delivered at Convocation Hall, University of Toronto, November 10th, spoke of the great importance of research work. In a reference to the Canadian Research Council he referred to the memorandum of Dr. A. B. Macallum, the President, recommending the creation of a laboratory of research to cost approximately $500,000. He thought this an excellent suggestion, and regretted that it had not yet been approved by an Order-in-Council.

We understand that the ex-President of the Council encountered many difficulties and surmounted so few of them that he was unable to accomplish much good. The difficulties of the situation were certainly great. There was a certain amount of overlapping in the different departments at Ottawa. The Department of Mines and that of the

Geological Surveys, as might be expected, overlapped so seriously that there has been almost a continuous friction between them for many years. The Conservation Commission is a very important body, with a multiplicity of duties which nobody appears to understand. It would have seemed fitting, in the opinion of many, to have this body conduct all the research work, including that for the Mines, Geological Surveys, and also some of the other departments. If this Commission had performed its duties properly we can hardly understand why the new Research Council was needed. If new life could be infused in the Conservation Commission, which has been asleep so long that many thought it dead, it should be able to accomplish a vast amount of good.

As things have gone so sadly wrong in so many different departments, it is difficult or impossible to say where the chief fault lies. It seems a pity that all these departments could not be shaken up, then boiled down, with fitting and definite duties assigned to the proper parties.

TREATMENT OF SYPHILIS

The Provincial Board of Health has instituted a campaign against venereal diseases, and some time ago determined to manufacture Salvarsan (606) in order to assist those who are unable to pay for their treatment.

A license was obtained from the Dominion Government giving power to manufacture this product, which is called *Phenarsenamine*. This license, however, does not allow the drug to be sold to physicians,

but allows the Board to give it free of charge to hospitals, venereal disease clinics, Government institutions, and local Medical Officers of Health for the free treatment of patients who are unable to pay.

Patients unable to pay in or near the large centres may now be treated with Phenarsenamine at the Venereal Disease clinics or in the public wards of hospitals, and the drug may be obtained from the Provincial Board through the local Medical Officer of Health. In the smaller towns and rural districts the M.O.H. has been given authority to requisition for the Phenarsenamine for the free treatment of a patient. The Board has arranged to send a specially trained medical officer to any part of Ontario where needed to demonstrate the method of preparation and administration, and leave with the local M. O. H. or the physician detailed by him the necessary apparatus to carry on the treatment. This apparatus will be considered to be on loan to the municipality, and should be returned by the M. O. H. when the treatment has been completed.

Any other expense in connection with the treatment of venereal cases should be borne by the municipality concerned unless there is a venereal disease clinic under Government supervision in operation.

WILLIAM HENRY DRUMMOND

An interesting series of papers on "Physician Authors" has been appearing in the *New York Medical Journal* for some weeks.

In the issue of October 30th a distinguished Cana-

dian physician author, Dr. Drummond, is the subject. Dr. Drummond was born in Ireland in 1854, and came to Canada when ten years old. Shortly after, his father died, and William Henry, being the eldest son, learned telegraphy. He commenced work as a telegrapher in a lumber camp village in Quebec, and there came into contact with those *voyageurs* and *habitants*, whom he, later, wove into his poems.

In a few years he was enabled to attend McGill University, and later Bishop's Medical College, from which he graduated M.D. in 1884. After practising in the village of Stornoway for a short time and then in Nolton, he returned to Montreal in 1888, where he practised until the time of his last illness. While in Stornoway and Nolton he collected material for *The Canadian Country Doctor* and *Ole Doctor Fiset*.

In Montreal Dr. Drummond lived in an old house on Mountain Street, which had been the home of Jefferson Davis, the exiled President of the Southern Confederacy. He received his LL.D. from the University of Toronto, was elected a Fellow of the Royal Society of Canada, and also of the Royal Society of Literature in England. He died in 1907 in the Cobalt mining district, where he had gone to fight an epidemic of smallpox.

AN AMERICAN COMPARED WITH AN ENGLISH HOSPITAL

The Hospital (*Eng.*), September 25th, makes an extended reference to the Massachusetts General Hospital, Boston. In referring to the beautifully printed and illustrated annual report of this hospital it remarks, " We are greatly struck by the very

large cost of maintaining a hospital in Boston, as compared with one in London, England." The Boston Hospital has 330 beds. During 1919 the salaries and wages account was $450,000; the food bill was $230,000. For the same year in Saint Thomas' Hospital, with 630 beds, $260,000 was paid for salaries and wages and $200,000 for food. The English journal is somewhat puzzled, and considers that the result of the comparison is " remarkable."

WOMEN MEDICAL STUDENTS IN LONDON, ENGLAND

We are told by the *Medical Press* (October 20th) that women medical students were first admitted to London Medical Schools last year. This was largely due to the belief that there was a shortage of physicians because of the war. It appears that during last session the new arrangement worked smoothly, with no feeling of resentment on the part of the male students. However, already in this session, a change has come. Rumors of sex dissension are afloat in regard to one medical school. Women students are complaining of being boycotted and being ignored by their male associates to such an extent that their position is becoming socially unbearable. Meanwhile these women students have distinguished themselves at the examinations. At the last examination five out of six prizes were won by the women.

The condition is considered serious in this one school, and there is some fear that the students of other colleges may be induced to join in this rather unmanly and ignoble campaign.

CAUSES OF GOITRE

There is an opinion pretty general among physicians and surgeons of Toronto that goitre has become much more prevalent in that city in recent years. There are certain so-called goitre zones in Canada, including several in Ontario. So far as we know the worst zone in that regard is in Muskoka, especially in and about the town of Bracebridge. The causes, or supposed causes, have been, to a certain extent, investigated. The waters of the district have been analyzed by Mr. Lancaster, of the Ontario Health Department. We have been told that in Europe goitre is frequently caused by water containing a considerable amount of lime. This water is said to be, as a rule, "hard." Mr. Lancaster tells us that the water of the public reservoir in Bracebridge, which is taken from one of the branches of the Muskoka River, is not "hard," in fact, is unusually "soft." In the analysis nothing of a suspicious character was detected. Further investigations show that in the regions near Bracebridge, where spring or well water alone is imbibed, goitre is quite as common as in the town, where the Muskoka River water is used.

So far as Toronto is concerned, we learn from the lay press that Dr. Hastings, the M.O.H., "laughs at the suggestion that the chlorine in the city water is responsible for the number of goitre cases in the city." He considers that a certain lecturer in Toronto made a ridiculous statement when he said that one-half of the goitre in the city was caused by the chlorine in the drinking water. He thinks the man who made that statement "does not know what he is talking about." "Chlorine, in the minute quan-

tities used at the pumping stations, could not hurt anyone. It has rather a beneficial effect."

We believe that Dr. Hastings is correct in the main, but although we know very little about the origin of goitre we can hardly agree that it is ridiculous to consider that chlorine may be a factor among its causes. We are also rather inclined to doubt the doctor's statement that chlorine has a beneficial effect. Certainly most of us would be glad to get rid of it absolutely if it were possible.

INDUSTRIAL DISEASES

We are glad to notice that more interest is taken now in Industrial Diseases than ever before in Canada. Sir John Foster Fraser, of London, England, recently paid a visit to the United States. We are told by *The Medical Press* that Sir John, while in New York, Chicago and Pittsburgh, met with some bad housing conditions, but not many. The houses of "American workers are often tin-pot erections," but there is generally evidence of cleanliness, together with open space and plenty of fresh air.

Sir John admired the healthy appearance of the children, and, indeed, of most of the people, and he contrasts their appearance with that of "our city dwellers": "Physically, I think most of us (in England) are in Class C. We are a rickety lot. There are exceptions, but I am writing about the ordinary ruck of the people on the streets in our manufacturing towns. How often are the women pale and anæmic; what grief seems to be hidden behind their eyes; how bad their teeth. How often

have I seen youngsters sallow and apparently underfed. . . . Good God, the sight has been terrible."

The journal adds: "The degeneration which he takes so much to heart is undoubtedly due in large measure to the unhealthy conditions under which so many of our town dwellers carry on their work." It also approves the decision of St. Mary's Medical School to institute a department for the study and teaching of industrial diseases.

INTERNATIONAL MEDICAL RELATIONS

The Hospital (Eng.) believes that there should be a more intimate relationship in medicine between the different nations of the world than there is at present. It suggests the establishment of an international medical diploma which would be of great assistance, especially to young qualified men, in the international study of their profession. The establishment of the Fellowship of Medicine in England has already "sown the seed of a concerted movement." The journal also expresses the opinion that such a diploma would help to provide a recognized status for all physicians and surgeons who have achieved distinction in their own country. "An International Medical Council" could issue a qualifying diploma making valid all diplomas issued by the medical centres in different parts of the world.

News Items

AMERICAN PUBLIC HEALTH ASSOCIATION

The last meeting at San Francisco had a larger attendance than was hoped for. The number expected was 500. There were actually about 750 present. Of these, about 500 were from the West Coast; 100 from the Middle States; 100 or rather more from the Atlantic and Gulf States; eleven from Canada and four from Mexico. The Executive of the Association were somewhat surprised, as well as pleased, to receive an invitation from Mexico to hold the meeting for next year in Mexico City.

THE OPIUM AND NARCOTIC DRUG ACT

Under the amendment to the Opium and Narcotic Drug Act, which was passed at the recent session of Parliament and came into force last September, all wholesale druggists, manufacturers or dealers are required to obtain a license to deal in these drugs, for which an annual fee of twenty-five dollars ($25) is charged. All retail druggists who manufacture narcotic drugs, or preparations containing the same, are required to obtain a license, for which an annual fee of five dollars ($5) is charged. All druggists, other than those who manufacture, and all physicians, veterinary surgeons and dentists are required to make a declaration that they are engaged in the sale or distribution of these drugs. Forms will be supplied by the department on application.

The Act also requires all druggists, whether wholesale or retail, and all manufacturers to keep a record of their receipts, quantity manufactured, and sales.

Provision is made under the Act for the sale of preparations intended for internal use which do not contain more than two grains of Opium, or more than one-fourth of a grain of Morphine or more than one-eighth of a grain of Heroin, or more than one grain of Codeine to the fluid ounce. Provided, however, that such preparations must be medicated to sufficiently preclude the possibility of their being purchased simply to obtain the narcotic effect, and further that such preparations must have printed on the label or wrapper, in a conspicuous

place, the following warning: "It is unlawful to administer this preparation to a child under two years of age as it contains opium and is dangerous to its life."

The maximum penalty for infraction of the Act has been increased from five hundred dollars ($500) to one thousand dollars ($1,000), and a minimum penalty of two hundred dollars ($200) is provided.

Department of Health, Ottawa.

AMERICAN COLLEGE OF SURGEONS

The Eighth Congress of the American College of Surgeons, was held in Montreal, October 15th, under the presidency of Dr. George E. Armstrong of that city. There were about 1,600 in attendance and it is said that the meeting was the most successful which has been held by the college since its formation. Among those present from abroad was Sir Berkeley Moynihan, of London, England, who made a present of a mace which he brought from the consulting surgeons of Great Britain as a fraternal gift.

THE AMERICAN HOSPITAL ASSOCIATION

The meeting of this Association for this year was held in Montreal, October 7th. The officers elected for the coming year included: President, Dr. Hanlon, New York; 1st Vice-President, Dr. McEachern, Vancouver. The selection of a place for the next meeting will be settled later.

HEALTH AND THE LEAGUE OF NATIONS

The Council of the League of Nations, which met in August at San Sebastian, took steps to establish an International Health Bureau, in accordance with a scheme adopted by the International Health Conference in London last April.

It is said the functions of the new health organization will be:—

(1) To advise on matters relating to health.
(2) To co-ordinate national health administration.

(3) To organize interchange on epidemic diseases.

(4) To initiate or revise administrative action in health matters when so requested.

(5) To provide protection of workers against industrial diseases and injuries.

(6) To co-operate with the Red Cross Societies.

(7) To give advice on questions of hygiene.

(8) To organize health commissions.

AN UNUSUAL DEFENCE

Harold Greenwood, of Carmarthen, Wales, a middle-aged lawyer, was tried, November 8th, 1920, on the charge of poisoning his wife, who died June 16th, 1919. The counsel for the defence expressed the opinion that death was caused by eating gooseberries which had been sprayed with an arsenical preparation previous to being picked, which were made into a gooseberry pie. He said Mrs. Greenwood ate some of this pie and died three hours later. We are not told what effect this plea had in the courts, but the verdict was "not guilty."

ONTARIO UNIVERSITIES' FINANCES

The first meeting of the Royal Commission investigating University finances was held November 9th, with Hon. Dr. Cody in the chair. The other members of the Commission are Sir John Willison and T. A. Russell of Toronto, A. P. Deroche of Ottawa, C. R. Somerville of London, and J. A. Wallace of the town of Simcoe. They will obtain as much information as possible from the three universities of the Province, and have expressed the desire to receive written communications from educational, industrial, scientific and other public bodies.

The French-speaking doctors of North America held their sixth Congress in the City of Quebec in September. The last previous Congress was held in 1910.

Personals

Dr. F. G. Wallbridge has commenced practice in Belleville.

Dr. Russell Hartry has commenced practice at Byng Inlet.

Dr. Frank Smith has commenced practice in Welland.

Dr. Frank J. Elkerton has moved from 17 Charles St. East to 401 Rushton Road.

Dr. George Cooper, of Englehart, has been appointed Associate Coroner for Temiskaming.

Dr. Hartley Conn has been appointed Associate Coroner for Mimico.

Obituary

FRANK WARREN, M.D.

We have to announce, with deep regret, the death of Dr. Frank Warren, of Whitby, which occurred at his home in that town, November 9th, aged 71. He graduated M.D. from McGill University in 1872, and the following year commenced practice in the village of Brooklin, north of Whitby. He removed from Brooklin in 1895 to Whitby, where he practised for the last twenty-five years. He possessed great ability, a good address and charming manners, and held to the fullest extent the complete confidence of all his patients. He was a prodigious worker during his whole professional career. We know of no man who did quite so much work as Dr. Warren in forty-eight years. He had a powerful physique with wonderful physical endurance, but there is always a limit to every man's strength. So it was in Dr. Warren's case. He rushed on with his work heedless of the many warnings given to him by his professional friends. He finally realized fully the truth of those warnings, but too late. His overworked heart had, at last, given out, and his friends could not serve him. Although rather an impulsive man, with a rather fiery temper, he was a kindly, gentle and most lovable person.

JOHN MOORE, M.D.

Dr. J. Moore, of Shannonville was killed November 12th when his automobile was struck by a train near Thurlow Station. He was 65 years of age and graduated M.D. from Queens in 1893.

Many's The Time

—when the doctor is confronted by the need of prohibiting the usual table drink of the patient, but weighing the benefit of forced abstinence against the loss of morale ensuing from lack of the usual beverage—he permits the lapse.

If the patient desires his coffee, Doctor, and you are in such a quandary, you can order

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Correspondence

To the Editor of the Canadian Practitioner and Review.

Dear Sir,—The first journal that met my eye on entering the Burstow Medical Library here was a "well-thumbed" copy of the *Canadian Practitioner and Review*. Like in our own Academy of Medicine Library, the writer was met by a highly-cultured and courteous facsimile of our own librarians, and a most gracious welcome extended. *En passant*, will the reader tolerate for a moment a personal reference for the purpose of a warning, and an inspiration. On entering the library, and on visiting several of the most eminent and well-known physicians, here, as in New York, Chicago and elsewhere, the first question after "Where are you from?" is, "Did you write those articles we have read in the Canadian Medical Journal?" The writer proudly and promptly told his newly-made acquaintance that he was from Canada, and from Toronto, but was confronted with many misgivings when questioned about the authorship of the "articles in the medical journals," for he never entertained the thought that they would have a world-wide distribution. Such is the far-reaching influence of Canadian medical journalism—for returned medical missionaries from China, delegates to British Medical Association from India, Australia, New Zealand—Osler, Lane, Delafield, Murphy, Mayo, *et al.*, have paralyzed the writer with the same question. It is quite comprehensible why Canadian journals should have a world-wide distribution, but why the writer's articles should attract the attention of such readers is absolutely incomprehensible. They were written amid the endless distractions of a general practice, and whilst in the "front trenches" in every fight going on in medicine, hospitals, church, board of education, politics, and therefore bear all the "hall-marks" of haste and of unpreparedness. Now the warning is that once an article is published it is carried away "over land and sea," to reflect either credit or disgrace on a noble calling, and on medical journalism. Reader, if you purpose writing articles for publication, may the writer be permitted to offer a suggestion or two. Unless forced upon you, choose your subject with great deliberation, and treat it as intelligently as possible. Express your thoughts in terse, classic language; cultivate opinions worth having, and "stand by them with good-natured inflexibility, the more so when the cry of voices is against you." Now for the

Quotations from Doctors: No. 8

"Recently I was called to see a pneumonia case and found the man in a very bad condition--disease allowed to run several days without medical assistance. Examination revealed complete consolidation of the lower lobe of right lung; severe dyspnea, temperature 104,F., high pulse--cyanosis.

"I left some medicine from my pocket case--ordered a large can of

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no wrapper on can--only my own directions. It was correctly applied--patient's son reported next day father much better. Following morning found patient greatly improved--he was restful--free from pain; cyanosis gone, temp rature lowered. Patient said: 'I don't know what the application was, but I am certain it saved my life.'"

R. C., M. D.,
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P.—4

inspiration. Had Sir Wm. Osler confined himself to scientific work and eschewed writing, would the world have received as much good from the secrecy of the hospital ward and from the laboratory as from his published works? The most eminent physicians and surgeons in our largest cities, unless liberal contributors to medical journals, are not as widely known, or do not receive a more cordial welcome "abroad" than those who do contribute articles. Again, if a personal reference may be tolerated, the writer's welcome in Los Angeles' medical circle has been a most flattering one, due largely to the use of his pen.

There are some very interesting features about medical practice in Los Angeles as compared with Toronto. First, the almost complete absence of doctors' signs throughout the residential sections of the city. There are hundreds of most beautiful streets, avenues, and boulevards, on which not a single doctor's sign is to be seen, although physicians by the hundreds are living on them. If you step into the vestibule of any of the "sky-scrapers" and look at the sign-board you will find that the doctors occupy a great many of the offices. Often, two or three use the same suite of rooms, but at different hours, or a doctor and a dentist. The writer, notwithstanding the supply of offices is far below the demand, was fortunate enough to secure most adequate accommodation with a gynæcologist, whose hours are from 2 to 4. I have the use of the rooms for any or all of the other twenty-two hours. The location is in the very centre of and in the busiest part of the city. The arrangement is exceptionally convenient, and consists of a general waiting-room with girl and telephone. A room, which is divided by partitions into 1st, consulting room, with table, book-case, chairs, etc.; 2nd, operating room, with Howard chair; 3rd, dressing-room, for adjusting clothing; 4th, laboratory, with wash bowls, sterilizer, etc. Furniture in waiting-room upholstered and all the other rooms draped à la Eaton or Simpson display at Exhibition. The doctor and the dentist—both in mid-life—believe that attractive offices are valuable adjuncts to practice.

Another very practical and distinctive feature is the telephone accommodation. The Los Angeles Medical Association has its own telephone centre. Here, alphabetically arranged, are the names of about 1,000 doctors living in the city or within fifty miles. Practically all "calls" come through this office. The doctor calls up and tells "central" where he can be reached—number of seat at theatre, church, etc. If a doctor, on arriving in

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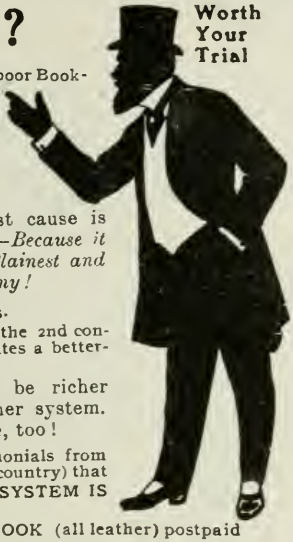

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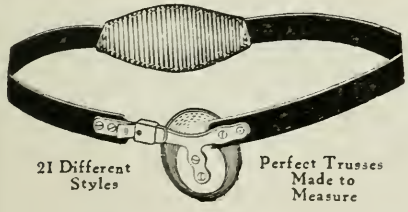

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Los Angeles, calls up this medical "Central" and gives telephone number of his hotel, all his friends can at once locate him. Five or six friends had "called up" before writer knew anything about this medical "'phone," and he was astonished to find that messages began to "come in" soon after his arrival. It is a splendid relief to the doctor's family, as they are not disturbed.

There has been a great fight on recently between the medical profession and the chiropractors. On the ballot paper—Sec. No. 5—was a request to allow chiropractors to have their own colleges, and to grant their own degrees. They got a larger majority in Los Angeles, but whether they got a majority over the whole state is not known at time of writing. It shows the need of better organization. The medical profession was not organized, and many of its members, as in Toronto, are too apathetic to take any interest in anything outside themselves. The chiropractors and their friends were most perfectly organized, and got out their voters to a man and woman. These illiterate "cults" here, as everywhere, are a great menace, and increase the mortality in our hospitals, *e.g.*, appendicitis cases are not seen until they become septic. By blatant advertising and through all kinds of agencies, they set traps for the new-comers. A gentleman with enlarged prostate became unable to empty his bladder. He was recommended to a "quack," who, instead of using a catheter, kept on adjusting the spine, until the patient became wildly delirious and had to be removed to hospital. These cults also tried to have vaccination and vivisection abolished. The result of the vote is not known yet.

The writer has been here only two weeks, so is obliged to leave any reference to the scientific work being done for another article.

JOHN HUNTER, M.B., Los Angeles.

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Miscellaneous

The Importance of Nutritive Repair

in the treatment of all bodily disorders, associated with loss of weight and general vitality, is too patent to need more than passing emphasis. The question of how best to bring about such a desirable result is, however, one that the physician is daily called upon to answer, and upon his ability to "build up" his more or less devitalized patients will largely depend his success in the treatment of chronic affections. Taking, for example, a patient suffering from Pulmonary Tuberculosis in the incipient or secondary stage, what are the approved measures to adopt to bring about improvement of nutrition and a consequent gain of weight and strength? All phthisio-therapists now agree that the therapeutic trinity of salvation for the tuberculous invalid is composed of: 1. Fresh pure air, in abundance, both night and day; 2. A properly balanced ample supply of nutritious food; 3. Plenty of rest, especially during the febrile period.

While medication is useless, unless the patient is properly fed, "ventilated" and rested, as above referred to, there is no doubt that intelligent medical treatment, designed to promote nutrition, is indicated in a majority of cases. If the tuberculous patient has been neglected, for any length of time, some degree of anæmia is almost always present. In such cases, an absolutely bland, non-irritant, readily tolerable and assimilable form of iron, such as exists in Pepto-Mangan (Gude), cannot be but of benefit, by stimulating the formation of erythrocytes and hemoglobin, and thus augmenting the oxygen-bearing potency of the blood. Metabolic interchange is thus quickened, better absorption and assimilation of food follows, and as a consequence, nutritive repair is encouraged and hastened.

The Treatment of Shock

That the surgeon has in Adrenalin a dependable means of combating shock has been known to the profession for a number of years. As long ago as 1909 Mummery and Symes announced their observations on the effects of Adrenalin upon the blood pressure and recommended its use by the slow and continuous injection of a very weak solution into a peripheral vein. They also found that the action of Adrenalin is enhanced by

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the coincidental administration of pituitrin, this procedure producing a more marked effect in shocked animals than in normal subjects.

In our advertising section, under the title "Adrenalin in Medicine," will be found a brief review of the plan of treating shock with highly diluted solutions of Adrenalin Chloride, by intravenous infusion and by "centripetal arterial transfusion," after the method of Crile.

This little essay is the third of a series of concise and informative papers published in this rather unconventional form by Parke, Davis and Co. We have no hesitation in commending these meritorious articles to the consideration of our readers.

Doctors in Canada

According to recent returns we find the physicians distributed in the various districts in Canada as follows:—

Ontario—Population, 2,600,000; number of doctors, 3,300; one doctor in 780. *Quebec*—Population, 2,500,000; number of doctors, 2,000; one doctor in 1250. *Maritime Provinces*—Population, 1,000,000; number of doctors 840; one doctor in 1,200. *Manitoba*—Population, 620,000; number of doctors, 550; one doctor in 1,100. *Saskatchewan* — Population, 750,000; number of doctors, 500; one doctor in 1,500. *Alberta* —Population, 600,000; number of doctors, 460; one doctor in 1,260. *British Columbia.*—Population, 720,000; number of doctors, 800; one doctor in 900.

Diet in Gastro-Intestinal Disease

In outlining the dietary treatment of diseases of the upper digestive tract, Chase says that the particular disordered physiology and pathology which is present should be constantly in mind; that is to say, a physician should consider first the effect of any given foodstuff on the secretory function of the stomach —whether it would increase or diminish the acidity; second, the effect of any given foodstuff on the motility of the stomach —whether it would increase or diminish the motility; and third, the effect of any given foodstuff on any pathologic lesion of the stomach. The diets prescribed should be so arranged as to adequately supply the caloric needs of the body and contain the essential food elements. A patient weighing 150

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SPECIAL NOTE

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pounds, confined to bed, will require 2,000 calories daily to maintain his weight. All diets should be varied, the patient not knowing of what his next meal is going to consist, and above all, the food should be made palatable.—*New York State Journal of Medicine.*

Do Calories Measure the Value of Food

This question is asked by Dr. Henry Dwight Chapin, who arrives at the conclusion that heat measurement alone is not a safe guide for the calculation of food values. Foods that build rather than those that readily undergo oxidation must be properly gauged if we are to have healthy development.

Action of Chloral on Pupil

It was found by Hyatt and his associates that large doses of chloral may produce a pin-point pupil. No part of the mechanism of the eye peripheral to the ciliary ganglion is directly acted on by the chloral and neither the ciliary or sympathetic ganglions are involved. The action is, therefore, central, and due to removal of inhibitory influences which are normally active. Strychnine, caffein, atropine and other centrally acting drugs are antagonistic to the action of chloral.—*Journal of Pharmacy.*

Mr. Rudyard Kipling received LL.D. from Edinburgh University in July, and at the graduates' dinner after convocation made the following reference to the students who "did their bit" in the war:—

"They willingly left the unachieved purpose of their lives in order that all life should not be wrenched from its purpose, and without fear they turned from these gates of learning to those of the grave."

Charles Edouard Guillaume Bretenil, head of the International Bureau of Weights and Measures, has been awarded the Nobel Prize for 1920 for physics by the Swedish Academy of Science. His discoveries relative to the alloys of nickel steel won him this honor.

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The Marvel Company was awarded the Gold Medal, Diploma and Certificate of Approbation by the Societe D'Hygiene de France, at Paris, Oct. 9, 1902.

Faith—and Works

The best test of true faith is absolute confidence in one's belief. Apropos of this is the testimony given by Sir David Bruce at an annual meeting of the British Research Defence Society in 1910:—

When Sir David proved that the sleeping sickness, which had killed off 200,000 out of a population of 300,000, was due to the bite of the tsetse fly, and that the disease could easily be stopped by temporarily withdrawing the natives from the lake shore where the flies live, he called the Uganda chiefs together and asked for their help. They refused to believe the evidence, and said the fly was harmless. I then said to Sir Apolo Kagwa, the Prime Minister, that if he did not believe that the fly carried sleeping sickness, he should go and sit among them under the shade of the trees on the lake shore in order to show every one the faith he had in the innocence of the fly. He answered: "God forbid."

The primitive savage was, however, willing to be shown—in fact, so willing that a few years later Sir David Bruce was able to say that not a single new case of sleeping sickness had been contracted in Uganda. The natives had learned to protect themselves against the tsetse fly. Faith, it is true, has healing powers, but the intelligent man is willing to concede the beneficial qualities of scientific work.—*Journal A.M.A.*

The Nervous Cow

It is little realized by the laity how much the health of animals affects our own, nor how much is being done in the veterinary world on this account. There is the question of abortion in cows and its relation to human mothers, of tuberculosis as affecting everyone, and, greatest of all, the distribution of pasteurized milk unfreed by protection against subsequent contamination. There is even published a large veterinary dentistry, but it is not difficult to imagine that a bull or a horse would require some patient handling when toothache set in. One veterinary has had a cow suffering from nervous shock. She could not bear anyone near her, and walked with a stiff, irregular gait, making the motions of stepping over an obstacle before she came to it. Sodium cacodylate and restful solitude in a darkened stall led to a complete cure. It is rather difficult to believe, but pigs also are delicate, nervous animals, and require more care than cows.—*N.Y.M.J.*

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Radium Treatment of Non-Malignant Uterine Bleeding: Some Immediate After Effects. William P. Graves, Boston.

While the author is an enthusiastic exponent of radiotherapy in uterine bleeding, he calls attention to some disagreeable sequelæ, upon which not sufficient stress has been placed by writers on this subject. The most common of these is nausea. The author finds it more severe than after curettage. The radium is applied under slight gas-oxygen anæsthesia, but the nausea cannot be entirely explained by the anæsthesia. Striking relief is often obtained as soon as the radium is removed from the uterus. The origin of the nausea cannot be definitely explained, but it is probably due to the fact that the radium acts as a foreign body. Persistent bleeding is an occasional after-effect. It is most common in cases of myomata of the uterus. It cannot be explained. A thin watery discharge is most often present after bleeding has been partly or completely checked. It usually lasts from a few days to several months. The discharge is probably due either to superficial necrosis of the endometrium, or a stimulation of the endometrial glands. Pain in the pelvis should not occur except in the presence of adnexal disease. It is of serious import, because it is usually a forerunner of an inflammatory process. The author presents two illustrative cases. Very rarely there may be an exacerbation of a latent nephritis. Nervous symptoms are of peculiar interest. If menses are inhibited, hot flushes are common but not constant. The influence of the ovarian secretion is strikingly illustrated in cases where after a period of amenorrhea, the menses return, with a complete synchronous disappearance of the flushes. Occasionally, even in the absence of other ovarian symptoms, there may be a specific depressing influence on the nervous system. However, this occurs in patients of neurotic taint who might react to any other agent in a similar manner.—*N. Y. Medical Journal.*

Radium in Epithelioma of the Lower Lip

Elliott (*Inter. Jour. Surg.*, December, 1918) holds that epithelioma of the lower lip (smoker's cancer) is a form of cancer which, perhaps, best lends itself to treatment by radium; that this is the treatment *par excellence;* the cosmetic results are most excellent, there is no pain, and the result of treatment is permanent. If an early diagnosis is made radium is preferable to operation.

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